

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Marine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 NOV - 1 PM 2:49

DOCUMENT # P96000022622

1. Corporation Name
JUAN PAMPANAS DESIGNS, INC.

Principal Place of Business Mailing Address
3130 NW 38 STREET MIAMI FL 33142 **3130 NW 38 STREET MIAMI FL 33142**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable 4444 Prairie Ave		3. New Mailing Office Address, if Applicable SAME		4. Date Incorporated or Qualified To Do Business in Florida 03/13/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SAME		5. FEI Number 65-0854846	
City & State Miami Beach, FL		City & State SAME		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
Zip 33140	Country US	Zip SAME	Country SAME		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
<input checked="" type="checkbox"/>	PAMPANAS, JUAN	3130 NW 38 STREET 4444 PRAIRIE AVE.	MIAMI BEACH 33140
			100003045991--0 11/16/99 01679 016 ****158.75 ****158.75

8. Name and Address of Current Registered Agent PAMPANAS, JUAN 3190 NW 38 STREET MIAMI FL 33142		9. Name and Address of New Registered Agent Name Michael Ginsky & COMPANY CPA Street Address (P.O. Box Number is Not Acceptable) 169 E. Flagler St. Suite, Apt. #, Etc. #1518 City MIAMI State FL Zip Code 33131	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0805, F.S.
 Signature of Registered Agent **Michael Ginsky** Date **10/19/99**
 REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(X), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **[Signature]** Date **10/20/99** Daytime Phone # **(305) 634-5100**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



MICHAEL GLINSKY & COMPANY, CPA, PA
Certified Public Accountants, Members AICPA, FICPA

October 20, 1999

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

**RE: Notice of Administrative Dissolution, Juan Pampanas Designs, Inc.
#65-0654846, Doc #P96000022622**

To Whom it May Concern:

Our clients recently informed us of a letter they received regarding the administrative dissolution of their corporation. Our clients have not received anything this year from the Florida Department of State, except for this notice. The mailing address you have on file is incorrect. In fact, this notice was received and forwarded to them by the Post Office last week (please refer to copy of envelope attached).

Our clients have paid their annual report on time for the past three years. At this time we would like to request a waiver of the penalties you are imposing on the grounds of reasonableness. We are enclosing a completed "Application for Reinstatement" along with a check for \$158.75 to cover the fee for the annual report and certificate of status.

We would like to thank you in advance for your cooperation on this matter. Please notify our clients in writing of the action you are taking regarding this situation.

Thank you,

Michael Glinsky & Co.
Michael Glinsky & Co, CPA, PA

ENCLOSURE