PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P96000024949
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1. Corporation Name

SHOWCASES, USA, INC.

Principal Place of Business

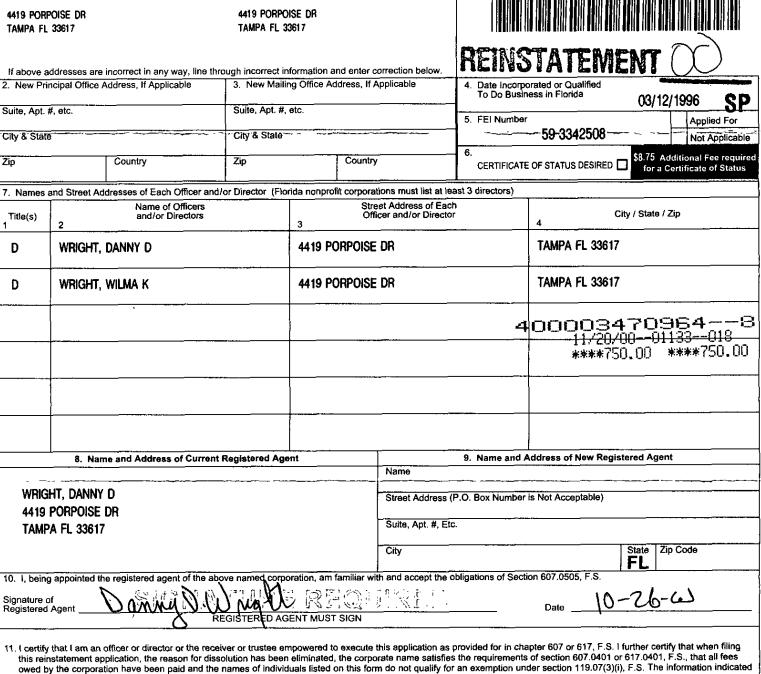
Mailing Address

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

4419 PORPOISE DR

4419 PORPOISE DR

FILED 00 0CT 30 PM 2: 24 SEGRETARY OF STATE



ING OFFICER OR DIRECTOR