

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 MAR 26 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000036458  
1. Corporation Name  
MIAMI JUICE CORP.

Principal Place of Business Mailing Address  
16210 COLLINS AVENUE  
NORTH MIAMI BEACH, FLORIDA 33160

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

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. N/A City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. N/A City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 1996	
				5. FEI Number 65-0447924 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Issac Y. SHOKI	16210 COLLINS AVENUE	NORTH MIAMI BEACH, FLORIDA 33160
REINSTATEMENT 97-98			
G. Alan 3/26/98			
9800002478989-4 -04/06/98--01004--016 ****300.00 ****300.00			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name Issac Y. SHOKI	
		Street Address (P.O. Box Number is Not Acceptable) 16210 Collins Avenue	
		Suite, Apt. #, Etc.	
		City North Miami Beach	State FL Zip Code 33160

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN Date: 03-23-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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)(i), 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 03-23-98 945-0444  
Date Daytime Phone #