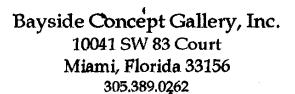
en e				
APPLICATION FOR REINSTATEMENT	L INSTRUCTIONS FLORIDA DEFARTMEN Sandra B. Ma Secretary of S DIVISION OF CORP	BEFORE COMPLETED IN THE PARTITIONS	FILED	(1)
		ATIONS	98 MAY 22 PM 2: 2	21
DOCUMENT # 1960000 312 1. Corporation Name BAYSIDE CONCE	OT BAILER	Y INC	SECRETARY OF STATE	
BAYSIVE CONECT	CHIL	//	IALLAHASSEE, FLOR	IDA
10041 S.W. 83 ct.	Mailing Address (の04) る.w,	83 eT.		
MEA. FC 33156	•	33156		
If above addresses are incorrect in any way, line throug 2. New Principal Office Address, if Applicable	th incorrect information and enter of New Mailing Office Address, If	Applicable 4. Date Inco	proprated or Qualified 4-10	7-96
\sim \sim \sim	Suite, Apl. #, etc.	5. FEI Num	60 -0606001+	Applied For
ony di onnie	Zip Country	6. CERTIFIC	\$8.75 Addition	Not Applicable hal Fee required cate of Status
7. Names and Street Addresses of Each Officer and/or Name of Officers		ntions must list at least 3 directors) eet Address of Each		
Title(s) and/or Directors 2	Off 3 (Do NOT U	ficer and/or Director se Post Office Box Numbers)	City / State / Zip	0156
PRES. ALI KHAKPOUR 1000		S.w. 83cT	MID. FL 3	3156
SEC, ALE KHAKPOUR 10		S.W. 83CT.	MEA. FL 3	315-1
		_		
			100002536504	
			-05/27/3801047- ****315.00 ****	315.00
Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent	
ALT KHAKPOULL SI		Street Address (P.O. Box Manh	per id Not Accept the)	CP2E040 (1/98
ALT KHAK POUZ Street Address (Suite, Apt. #, Etc.			J/H	- I
MTA. FL 3315	City	State Zip Cod	e	
10. I, being appointed the registered agent of the above Signature of Registered Agent Registered Agent Registered Agent	named corporation, am familiar w	ith and accept the obligations of Si	Date 4-4-98	5
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes I No I (See other side for information on intangible tax.)				
12. I certify that I am an officer or director or the received this reinstatement application, the reason for dissolut owed by the corporation have been paid and the nar on this application is true and accurate, and my signal.	ion has been eliminated, the corpo mes of individuals listed on this for	orate name satisfies the requireme m do not qualify for an exemption	nts of section 607.0401 or 617.0401, F.S., 1	hat all fees

Daytime Phone #

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR





April, 3 1998

Florida Secretary of State Division of Corporation P.O.Box 1500 Tallahassee, Fl 32302

Bear Sir/Madame:

Enclosed please find our Annual Report along with a check for \$300.00 covering last two years annual fees.

Suffices to say that eve had already sent \$150.00 in money order form covering the 1997 annual fee and apparently same did not have the remitter's name. The Department states that the money order, absent of a remitter's name, evas probably mis-placed. However said money order evas sent with the 1997 annual report and, as such, purpose of same it should had been obvious.

If we can be of any further assistance, please do not hesitate to contact the undersigned.

Sincerely;

Ali Khakpon,

President