DI EACE DEAD	ALL INSTRUCTIONS	PETODE	SOMBLETIMO TUI	C FORM	
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTME Sandra B. Moi Secretary of S	NT OF STATE rtham State	A.F	PROVED AND FILED	
DOOOOOO		RATIONS	4 1/97 050 +3 PM 3: 45		
DOCUMENT # P96000053644 1. Corporation Name PRESTON INTERNATIONAL PUBLISHING CORPORATION			SEGRETARY OF STATE TALLAMASSEE, FLORIDA		
Principal Place of Business 7471 WEST OAKLAND PARK BLVD. LAUDERHILL FL 33319	T OAKLAND PARK BLVD. 7471 WEST OAKLAND PARK BLVD.				
If above addresses are incorrect in any way, line thro	ugh incorrect information and enter	correction below.			
2. New Principal Office Address, if Applicable 3. New Malling Office Address, if Applicable 94923 Paddock Drive 94923 Paddock Sulte, Apt. #, etc.		<i>y n</i>	4. Date Incorporated or Qualified To Do Business In Florida 06/24/1996		
Wellington Florida		Lonida	5. FEI Number 65-0677.	Applied For Not Applicable	
Zip 3 24/4 Country A	Vellington Country		6. CERTIFICATE OF STATUS DI	\$8.75 Additional Fee required	
7. Names and Street Addresses of Each Officer and/o					
Title(s) and/or Directors Off 3 (Do NOT Us		reet Address of Each ficer and/or Director se Post Office Box N	lumbers) 4	City / State / Zip	
PRes. Richard J. Fice	Relli Wellings	Paddock a ton FL.	daive we 33414 F	llington Loxida, 33414	
		RI	EINSTATEM	ENT 15/6/7	
			-1271	079701112009 758.75 ****758.75	
8. Name and Address of Current R	egistered Agent	Name 🔼	9. Name and Address of Ne		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHA8SEE FL 32301		Street Address (P	nald V. Fr. O. Box Number's Not Accepted	icarelli (68) bie) bc K Drive (32)	
		City Well	ington	State Zip Code FL 33414	
10. I, being appointed the registered agent of the abov	e named corporation, am familiar wi	ith and accept the ob	oligations of Section 607.0505, F	T.S.	
Signature of Registered Agont	SISTE NEW AG NT MUST SIGN	pres	• Date	Vov. 12, 1997	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No					
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 foes owed by the corporation have been pald 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 strait have the same legal effect as if made under oath.					
SIGNATURE: SIGNATURE AND TYPED OF BRIDE HAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylinic Phone #					