DI EACE DEAD	ALL MOTOLOTICAL			
APPLICATION	FLORIDA DEPARTM Sandra B. M Secretary of	ENT OF STATE ortham	COMPLETING THIS FORM.	
REINSTATEMENT DIVISION OF CORPORATIONS			Tan (Same)	
DOCUMENT # POUDO 16542 \			97 DEC 19 PM 2: 40	
Clerbon, wc.			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address			TALLAHASSEE, FLURIDA	
North Minny Deady, FZ ADT 214				
33/62	N. MAMI BEARCH	F2 32180		
If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable		er correction below. If Applicable	Date Incorporated or Qualified	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		To Do Business incriorida 5. FEI Number	
NOTAL MANU (SEACH, FLA	City & State Zip Coun	,	• 65-0692565 Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/o		<i>'</i>	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status	
Title(s) Name of Officers and/or Directors	S	treet Address of Each officer and/or Director Use Post Office Box N	1	
P demy Bibliowic		7		
D Boris Biblionic		192 ST 1		
13 13 210 100010	2 5400 NE	192 ST. 1	APT 905 ANGYOWA FZ 33180	
			20/0/V	
8. Name and Address of Current Re	gistered Agent	T	9. Name and Address of New Registered Agent	
dery Babliowicz Name 3400 NE 1928T, Apt 905 Street Address (P				
1 HIGHTIER FINDING		Suite, Apt. #, Etc.	O. Box Number is Net Acceptable)	
33180 City			State Žip Čode	
10. I, being appointed the registered agent of the above Signature of	named corporation, am familiar wit	th and accept the oblig	igations of Section 607.0505, F.S.	
Reg Nered Agent WRILL ON SEGI	STERED AGEN MUST SIGN		Date 12/12/57	
Dept. of Revenue under S. 19			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 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 eath.				
SIGNATURE: Silver Silver Company BID WICZ 12/12/17 (305) 947-1570 BID WICZ 12/12/17 (305) 947-1570 Daylino Phone &				

Cierbor, Inc.

1615 Northeast 163rd Street North Miami Beach, Florida 33162 Tel: (305) 947-1570



December 12, 1997

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Clerbor, Inc.
Document No. P-96000075421.

Dear Sirs:

Last week, our accountant told us that our check number 1053 for payment of the 1997 Florida Corporation Annual Report had not been debited. I spoke to someone in your office last week and explained that we mailed the check at the end of January 1997 and that we failed to look for the canceled check. We both agreed that the report and the check must have been lost in the mail, as it has happened to other corporations. I requested a new form so we could resolve this problem and finally we received a for for reinstatement, to be used as replacement of the one set on January 1997.

As per our conversation, we are going to replace the check and send the form received. Please accept our check number 1250 for \$165.00 as replacement of the lost check (1053), to cover the 1997 Florida Corporation Annual Report.

We apologize for the inconvenience and we want to thank you for your understanding.

Please call us at (305) 947-1570 if you need anything clse.

Cordially,

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PS: Please note our new address above.