


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000078738 (7)		FILED 98 JUL 30 PM 1:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name <div style="font-size: 1.2em; font-family: cursive;">ALL Dade Ribbons Company</div>			
Principal Place of Business <div style="font-size: 1.2em; font-family: cursive;">101 Sunrise Dr. Suite 11 Key Biscayne, FL 33149-2143</div>		Mailing Address	
2. New Principal Office Address, If Applicable <div style="font-size: 0.8em;">Suite, Apt. #, etc.</div>		3. New Mailing Office Address, If Applicable <div style="font-size: 0.8em;">Suite, Apt. #, etc.</div>	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida <div style="font-size: 1.2em; font-family: cursive;">09/23/1996</div>		5. FEI Number <div style="font-size: 1.2em; font-family: cursive;">65-0695475</div>	
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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PSTD	RESTREPO, ALVARO D.	101 Sunrise Dr. #11	MIAMI, FL. 33149
<div style="font-size: 1.5em; font-weight: bold; transform: rotate(-5deg);">REINSTATEMENT</div> <div style="font-size: 1.2em; font-family: cursive;">97-98 1-30-98 50</div>			<div style="font-size: 1.2em;">100002004631--7</div> <div style="font-size: 0.8em;">-07/31/98--01100--003</div> <div style="font-size: 0.8em;">***\$900.00 ***\$900.00</div>
8. Name and Address of Current Registered Agent <div style="font-size: 1.2em; font-family: cursive;">AMERILAWYER CHARTERED 343 ALMEIRA AVENUE CORAL GABLES, FL. 33134</div>		9. Name and Address of New Registered Agent <div style="font-size: 1.2em; font-family: cursive;">Spiegel & Utrera, P.A., db/a Amerilawyer 343 Almeria Avenue Coral Gables, FL 33104</div>	
10. I, being appointed as the officer and/or director of the corporation, do hereby certify that I am duly qualified to execute this application and accept the obligations of Section 607.0505, F.S. <div style="display: flex; justify-content: space-between;"><div>Signature of Registered Agent By: <div style="font-size: 1.2em; font-family: cursive;">Natalia Utrera - Vice President</div></div><div>Date: _____</div></div>			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: <div style="font-size: 1.5em; font-family: cursive;">[Signature]</div>		7/8/98 305 361 8886 Date Daytime Phone #	

CR2E040 (1/98)