

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

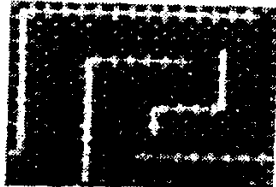
APPLICATION FOR		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>996000682773</b>		<b>98-99AR</b>	
1. Corporation Name <b>SKYLINE OMNI INTERNATIONAL CORP.</b>			
Principal Place of Business <b>9790 WAYNE AVE MIAMI FL. 33157</b>		Mailing Address <b>9790 WAYNE AVE MIAMI FL. 33157</b>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable <b>AS ABOVE</b>		3. New Mailing Office Address, If Applicable <b>AS ABOVE</b>	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip		Zip	
Country		Country	
		4. Date Incorporated or Qualified To Do Business in Florida <b>10/8/96</b>	
		5. FEI Number <b>65-0740433</b>	
		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" 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	2	3	4
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
P/C	DWIGHT G. LESLIE	11652 SW 142 CT.	Miami/FL/33186
V/D	DONNA M. LESLIE	11652 SW 142 CT.	Miami/FL/33186
S/D	ROLAND MORALES	13764 SW 160 Tr.	Miami/FL/33177
T/D	Heinrich Frey	11652 SW 142 CT.	Miami/FL/33186
8. Name and Address of Current Registered Agent			
Roland Morales 15888 SW 137th Ave BAY 18 MIA FL 33177			
9. Name and Address of New Registered Agent			
Name ROLAND MORALES Street Address (P.O. Box Number is Not Acceptable) 13764 SW 160 Tr. Suite, Apt. #, Etc City Miami State FL Zip Code 33177			
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 <b>Roland Morales</b>		Date <b>Feb. 19, 1999</b>	
REGISTERED AGENT MUST SIGN			
11. This corporation owes 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: <b>DWIGHT G. LESLIE</b>		305-259-6164	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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TALLAHASSEE, FLORIDA

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**3/16/99 98-99AR**

CR2E081 (12/98)



SKYLINE OMNI  
INTERNATIONAL CORP.

9790 WAYNE AVENUE  
MIAMI, FLORIDA 33157  
305-259-6164 fax 305-387-6061

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February 19, 1999

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

Dear Sirs:

We hereby request a waiver of the reinstatement fees which are now due for our corporation. This is as a result of an oversight on our part in informing your department of a change of address of our registered agent, almost two years ago. Hence, we did not receive our annual report fees and our corporate supplement fees. This was brought to our attention by an attorney a few days ago, and we assure you there will be no recurrence of this nature in the future. Thank you.

Sincerely,

A handwritten signature in cursive script, appearing to read "D. G. Leslie".

Dwight G. Leslie  
President