A DI	<u></u>				ONS BEFORE C		NG THIS FORM.	(A.)	
REINSTACEMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS						FILED SECRETARY OF STATE VISION OF CORPORATIONS			
1. Corpora		T# P9600 DNS & DISTRIBU	00912 JTORS, IN			00 NOV -9	PM 5:45		
Principal Place of Business Mailing Add				ess			2012 Aug 2013 Aug 2013 Aug 2013 Aug 2013		
				9175 SOUTHWEST 166 PLACE MIAMI FL 33196					
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, if Applicable 3. New Maili				nformation and enter correction belowing Office Address, If Applicable		Date Incorp. To Do Busin	orated or Qualified less in Florida 11/1	06/1996	
Suite, Apt. #, etc. Suite, Apt. #				etc. 5. FEIN		5. FEI Number		Applied For	
City & State City				ty & State			65-0707188 Not Applicable		
Zip Country			Zip		Country	6. CERTIFICATE OF STATUS DESIRED for a Certificate of Status			
7. Names	and Street Ad		f/or Director (Flo	orida nonprof	t corporations must list at le		, -		
Title(s)	Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director			City / State	/ Zip	
PD	LOUIS-JEAN, EVENS			9175 SO	9175 SOUTHWEST 166 PLACE		MIAMI FL 33196		
STD	LOUIS-JEAN, CHANTAL S			9175 SOUTHWEST 166 PLACE			MIAMI FL 33196		
					Q - 1		00003481	9522	
					:	Λ	****150.00	****150.00	
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						>			
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
AMERILAWYER CHARTERED						Street Address (P.O. Box Number is Not Acceptable)			
343 ALMERIA AVENUE						te, Apt. #, Etc.			
CODA	CARLES	EL 22134	_	••		{~			

State | Zip Code

10. I, being appointed the registered agent of he/above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

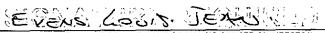
Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(E)

ood. 25th 2,000

To whom it may concern,

I do apologies for the payment delay, the reason belief it, I did not receive the form this year, and I called the department, to let them throw, they east they will pend me another one instead I receive of directation, notice. I called the department argain. To send a memo with the payment, this is the payment for this year and again I apologies for the delay and juit understanding.

Fincerely European.