APPLICATION FOR REINSTATEMENT	FLORIDA D San Se	EPARTMENT OF ST dra B. Mortham cretary of State ON OF CORPORATIONS		-ThvG Into a Oravi.	
DOCUMENT # P94000093671				FILED	
TEESE INC			-	98 OCT 28 PM 12: 30	
				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address				ALLAHASSEE, FLORIDA	
1601 CORAL WAY MIAMI, FU 33145		SAME			
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				corporated or Qualified	
Suite, Apt # etc	Suite, Apt. #, etc.			Business in Florida 11/15/96	
City & State	City & State	City & State		Applied For Not Applicable	
Zip Country	Zip	Country	6.	CATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer at	nd/or Director (Florida n	conprofit corporations must lis	<del> </del>		
Title(s) and/or Directors		Street Address o Officer and/or D (Do NOT Use Post Office	irector	City / State / Zip	
(RECS) ELOY B. GON:	24 LEZ 7	1810 S.W. 13-		MIAMI, FC 33183 300002574915-2 -10/28/98-01085-022 ****758.75 ****758.75	
	*	REINSTAT	EMENT	98 B 10/28/98	
8. Name and Address of Current Registered Agent  Name				nd Address of New Registered Agent	
7810 S.W. 127 DL			Street Address (P.O. Box Number is Not Acceptable)		
MIAMIFE 33183			Suite, Apt. #, Etc.		
		City	30.03-03-01-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	State Zip Code	
10. 1, being apprented the registered agont of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent Date 10/37/97  REGISTERED AGENT MUST SIGN					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No U (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 filling 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: 10/37/47 305 Dayling Printed NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #					