DI EACE DEAD	ALL DIOTELIATION			NO THE FORM
		<u>JNS BEFORE C</u> TMENT OF STATE	JOMPLETT]	NG THIS FORM.
APPLICATION		. Mortham		
FOR		y of State	j	
REINSTATEMENT CO.	DIVISION OF C	ORPORATIONS		
DOCUMENT # - 99600091131				98 DEC 29 AM ID: 23
Premier Tuna			SECRETARY OF STATE	
				SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address			1	
Principal Place of Business 3330 N.W. 6045t. P.D. Box 550212 P.D. cm; F1.33142 Pt. Lauderdale, F1.				
			}	
33355				
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		Date Incorpor	orated or Qualified	
Suite, Apt. #, etc.	*, etc. Suite, Apt. #, etc.			ess in Florida 1996
City & State	City & State		5. FEI Number	69754a Applied For Not Applicable
Zip Country		Country	6.	S8.75 Additional Fee required
		<u> </u>	<u></u>	OF STATUS DESIRED for a Certificate of Status
7. Names and Street Addresses of Each Officer and/c		Street Address of Each	· · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Title(s) and/or Directors	3 (Do	Officer and/or Director NOT Use Post Office Box N	lumbers)	City / State / Zip
Carla m Na	289	35 SW 19	how E	Ft. Lauderdale, F1
Hes, C11 10 1 1. 10e	-Luc 1 ++.1	adedale,	F-1-	
			70	00027336075
	•			-01/07/9901080016 ****750.00 ****750.00
] 1
		 		5 12/00/08
				10 14 30 10
8. Name and Address of Current Registered Agent S				ddress of New Registered Agent
Carla III. Newell Street address (P.O. Box Number is Not Acceptable)				
5855 S.W. Yd Way REINSTATEMENT OF STATEMENT OF				
Et landerdale El				
·	<u>`' 33336</u>	City		State Zip Code
10. I, being appointed the registered agent of the above	e name corporation, am fam	niliar with and accept the ob	ligations of Section	n 607.0505, F.S.
Signature of Registered Agent Date 12 22 98				
11. This corporation owes or has paid the current year (See other side for information				
Intangible Personal Property tax due June 30. Yes No 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 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.				
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SIGNATURE: (Michael Signature 1998) SIGNATURE (SIGNATURE 1998) SIGNATURE (S				
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