PLEASE READ	ALLINSTRUCTIONS	BEFORE	WN LEII	NG THIS FORM.		
APPLICATION FOR REINSTATEMENT	FLORIDA DERARTME Katherine H Secretary of S DIVISION OF CORPO	arris State		Ellen		
DOCUMENT # P9700038719		MILIONS	FILED			
1 Corporation Name		991	NOV 23 AM In: 5			
INTERNATIONAL HIGH P	CRAFT, TAC.	SEC TALL	RETARY OF STATE AHASSEE, FLORIDA			
Principal Place of Business 205 Park Blvd. S.	Mailing Address P. O. Box 926					
Apt. L Venice, FL 34285	Venice, FL 3428					
If above addresses are incorrect in any way, line th New Principal Office Address, If Applicable	3. New Mailing Office Address, I	ng Office Address, if Applicable		4. Date incorporated or Qualified To Do Buelness in Florida . 04/30/1997		
Suite, Apt #, etc City & State	Suite, Apt. #, etc. City & State	, etc.		593501583	Applied For	
Z _I p Country	Zip Count	lry	6.	E OF STATUS DESIRED	Not Applicable	
7 Names and Street Addresses of Each Officer and	d/or Director (Florida nonprofit corpor	rations must list at le		e di ginita scanca Co		
Title(s) Name of Officers and/or Directors	81	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip		/ Zip		
1 Walter Maisch	205 Part	Blvd. S!	Apt. L Venice/FC/34285			
D Sonja Maisch	205 Parl	(Blvd.S.	Apt. L Venice/FL/34285			
D Susanne Wolf	205 Parl	BLvd. S.	April Venice /FL/34285			
			700	100306526 -12/09/990105	72	
				*****750,00 ***	#75U.UU	
REINSTATEMEN				178		
8. Name and Address of Curren	t Registered Agent	Name	9. Name and	Address of New Registered Ag	ent	
Erils V. Uorzilius		Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. 4, Etc.				
1011 Princess Lane	and the second					
Venice, FL 34293	Venice, FL 34293		City State Zip Code			
10 I, being appointed the registered agent of the at	oove named corporation, am familiar t	with and accept the o	bligations of Sect	ion 607.0505, F.S.		
Signature of Registered Agent	REGISTERED AGENT MUST SIGN			Date 11/16/99		
 This corporation owes the Intangible Personal Prope 	current year orty Tax due June 30.	Yes	□ No Ø	(See other side to an intengli		
12 I certify that I am an officer or director or the rectifies reinstatement application, the reason for discowed by the corporation have been paid and the on this application is true and accurate, and my to the corporation of the corporation of the corporation is true and accurate.	solution has been eliminated, the corp o names of individuals listed on this to	porate name satisfier orn do not qualify for	the requirements an exemption un	of section 607.0401 or 617.0401	, F.S., that all fees	
SIGNATURE: SIGNATURE AND TYPED OR P	SUSANNE U	Jolf		10-29-99 (9	41) 480-988	