

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

01 DEC 12 PM 2:38

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000056600**

1. Corporation Name
FLESHSTONE MIAMI, INC.

Principal Place of Business	Mailing Address
280 ESPANOLA WAY MIAMI FL 33139	280 ESPANOLA WAY MIAMI FL 33139



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		4. Date Incorporated or Qualified To Do Business in Florida 06/26/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0779640	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input 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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	TAUBMAN, ERIC	381 CLMTON ST.	BROOKLYN NY
S	HAGENDORF, SCOTT	165 PERRY ST. 527 HUDSON ST. #4	NEW YORK NY 10014
VP	TIWARI, NAVIN	90-66 202 STREET	HOLLIS, NY 11423
			500004743035--5 -12/28/01--01074--014 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOTWINICK, RANDY
 1150 NE 125 ST
 N. MIAMI FL 33161
 TEL # (305) 895-5700

110 98 BIRSWAYNE BLVD
 SUITE 405
 MIAMI, FL 33161

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL Zip Code

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 *[Signature]* **SIGNATURE REQUIRED** Date 12/7/01
 REGISTERED AGENT MUST SIGN

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: *Navin Tiwari* **RECA NAVIN TIWARI** Date 12-04-01 Daytime Phone # 212-253-2200

CR2E040 (8/01)

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m

Date: Dec.04th, 2001

Florida Department of State
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314 – 6327

RE: FEI # 65 – 0779640

Dear Sir/Madam,

Your application for Reinstatement for the above Corporation was received.

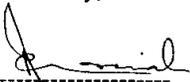
Unfortunately, for some unknown reason we never received the original renewal application.

I have spoken to a representative from your office and was advised to write a letter to confirm this.

The attached application is completed and a check made payable to Department of State for the amount of \$150.00 is enclosed.

Thank you for your assistance in resolving this matter.

Sincerely,



Sydney Erriah
Controller