PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	THE INCOMOCIATION BEFORE	ONIT ELTINA THIS FORM.
REPORT TEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State Division of Core Spations	DIVISION OF CORPORATIONS 000CT 27 PH 2: 00
DOCUMENT # P970	30070254	PH 2: 00
1. Corporation Name	ciel TNG	<u>.</u>
DOCUMENT # P9709 1. Corporation Name Perpaid Indust		
2. Principal Office Address	3. Mailing Office Address	`
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4
#25B	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida: 8//3/1999
City & State	City & State	//2////
Accestura, FL		5. FEI Number (25 - 077374) Applied For Not Applicable
33/80 Dade	Zip Country	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
	7. Name and Address of Current Register	red Agent
Name Lisa Ta	shmen	
Street Address (P.Q. Box Number is Not Acceptable)		
/9355	Turnberry Way	***************************************
Suite, Apt. #, Etc. #256	3/	-102
City Aventura		State Zip Code 33/80
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.		
Signature of Registered Agent Agent Re	GISTERED AGENT MUST SIGN	bbligations of section 607.0505 or 617.0503, F.S. Date
9. Names and Street Addresses of Each Officer and	l/or Director (Florida nonprofit corporations must list at le	east 3 directors)
Titles Name of Officers and/or Directors	Street Address of Eacl Officer and/or Directo	City / State / ZiD
Pros Lisa Tashma	J - 5/25.W. 10th	St. Ft. Land. FL 333/2
Pros Zisa lashma	0/25,03.7092	St. VT. Laud. PC 33012
		4000034431540
	OD STEEDING BOTH BOTH	-10/30/0001044001 ****865.00 ・ 8 <i>65.0</i> 9
Reins	TATEMENT 99-00	***************************************
	JR	4000034431540
	<u> </u>	-08/24/0001079006 *****35.00 *****35.00
V SHEPARD OCT 3	0 2000 10/30/00	
10. 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: LISC TOSHMON WILL AME OF SIGNING OFFICER OR THREE CITY DATE OF THE COLOR PROPERTY OF THE PROPERTY OF THE COLOR		