ÁPI	PLEASE READ FOR STANDARD	LO LO	A É Al a hei creta	RTMENT OF STA rine Harris yry of State	- 1	MPLETI		ED	1962
DOCUMENT # P97000076634						00 OCT 23 PM 4: 24			
1. Corporation Name						SECRETARY OF STATE TALLAHASSEE. FLORIDA			
N.V.J.	ENTERPRISES, INC.						IMPERITAC	100011 00111	
Principal Place of Business Mailing Addre						1 18811684 11	å (8))) (8 <b>4</b> )) <b>88</b> )) <b>88</b> ))	11 <b>86</b> 11t 1 <b>4418 8</b> 11 <b>18 b</b> 11 <b>8</b>	
			PALM BEACH BLVD M BEACH FL 33411						
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mailin				formation and enter correction below.					
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.						Date Incorporated or Qualified     To Do Business in Florida     09/04/1997			
City & State City & State						. FEI Number	65-0777591	- <del>- -</del>	Applied For
<u> </u>			Zip Country			CERTIFICATE	OF STATUS DESIRED	\$8.75 Addition	al Fee required
7. Names	and Street Addresses of Each Officer an	d/or Director (Flo	orida nonprof	it corporations must list a	t least 3	directors)			
Title(s) Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director 3				4	City / State / Zip	
PTSD	MULLER, NICKIE	1143 ROYAL PALM BEACH BLVD			ROYAL PALM BEACH FL 33411				
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						70	000345 91708700 ****150.	57357 01062( 00 ****15	9 008 00.00
				1					
		A David							LS
8. Name and Address of Current Registered Agent Name						Name and A	ddress of New Regi	<del></del>	
MULLER, NICKIE 1143 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411				Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
				Suite, Apt. #, Etc					
				City				State Zip Code	•
10. I, being Signature o Registered		bove named corp	oration, am I	amiliar with and accept the	ne obliga	ations of Section	on 607.0505, F.S.	19/00	
this rein	that I am an officer or director or the reconstatement application, the reason for disy the corporation have been paid and the application is true and accurate, and my	ssolution has beer e names of individ	n eliminated, duals listed d	the corporate name satis on this form do not qualify	fies the	requirements exemption und	of section 607.0401 d	or 617.0401, F.S., tl	hat all fees

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICO LATTE M. MULIEL late 10/14/00

Date Destine Phone #



## Kid's Consignment World

Village Royale Plaza 1143 Royal Palm Bch. Blvd. Royal Palm Bch. FL 33411 561-798-0208

To Whom It May Concern,

My name is Moleta M. Mulle, Sinterpress, Inc. I have not received uny prior notices of remeral for the Corporation. I was husband passed away & dan running my humans or my own I stry very confuse to despress or paper I called you office I was told to write this notice. Just that fees to be when I to under the letter asking for the late fees to be when I to under the achieve for I see to be when I to make a chick for \$150.00. I un cashing you your help in this matter

Thank you. Midette M. Mulleta