

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED 90 APR - 8 PM 2:55 DEPT. OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P97000100222

1. Corporation Name CERVOVE CORPORATION P.O. BOX 310312 Miami, FL 33231-0312

Principal Place of Business 290 North Broadwalk Hollywood, FL 33019

Mailing Address P.O. BOX 310312 Miami, FL 33231

REINSTATEMENT 98-99 ad

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

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporation or Qualified To Do Business in Florida

Nov 25, 1997

5. FEI Number

65-0801127

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City - State / Zip. Includes entries for Carmine Cernone (Pres), Filomena Demarinis (Vice-Pres), and Filomena Demarinis (Sec).

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8. Name and Address of Current Registered Agent

CARMINE CERVOVE 825 S. Bayshore Dr. # 651 Miami, FL 33131

9. Name and Address of New Registered Agent

Name Street Address (P.O. Box Number is Not Acceptable) State, 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 607.076, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 04-22-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes [X] 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 and 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 607.010(1) or 617.010(1), 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(6)(g), F.S. The information furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

031699

(30) 379-2804