PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS P98000016458 DOCUMENT # 00 FEB 29 PM 2: L5 1. Corporation Name SEONE TAELAHÄSSEE, FLORIDA CINTEX T & J. INC. Mailing Address Principal Place of Business 7771 W. OAKLAND PARK BLVD. 7771 W. OAKLAND PARK BLVD. SUITE 131 SUITE 131 SUNRISE FL 33351 SUNRISE FL 33351 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable To Do Business in Florida 20401 NILLO ZNA 02/19/1998 Suite, Apt. #, etc 5. FEI Number Applied For \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each City / State / Zip Title(s) and/or Directors D CHIRAYIL, SEBASTIAN 777LIN_OAK(ANO PARK BLVB!\SUITE JOHOI NY JAB AVE ZYZI WAQAKLAND PARK BEYB SLITE D CHIRAYIL, JAINNAMMA 000003163030--4 -03/03/00--01106--005-**78** *908.75 *****908.75 **FERISTATEMEN** 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent SEBASTIAN CHIRI
Street Address (P.O. Box Number is Not Acceptable) CHIRAYIL FILINGS-INC.--3732 N.W. 16TH STREET Suite, Apt. #, Etc FT. LAUDERDALE FL 33311-4132 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 Registered Agent Z 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CHIRAYIL SEBASTIAN PRESIDENT

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