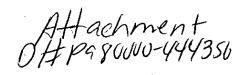
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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FLORES PARTMENT OF STATE  Cattering Haris  Division of Complete Annual Complete Comp					FILED  OO MAY -4 AM 9: 44			
DOCUMENT # 9980000 44356 - 1/1					Ĭ ·	SECRETARY OF STATE TALLAHASSEE-FEORIDA		
1. Corpora		Myrtle Au				· · · · · · · · · · · · · · · · · · ·		
	) Office Addr		3. Mailing Office Addre		<b>1</b>			
800 c	V. Oakl	and Pork Blid	BOO. W. Oakle	. Darland for Blod				
Suite, Apt. #			Suite, Apt. #, etc.	,		orated or Qualified		
ا اربط City & State	e 100		Surk 100 City & State			ness in Florida		
			Fort Landardole FL		5. FEI Number         Applied For           65 - 0846363         Not Applicable			
7in		Country	Zip	Country	6.	\$8.75	Not Applicable  Additional Fee required	
FL,	/33311	33311 /USA	3321/	USA	CERTIFICATE		r a Certificate of Status	
	Name  Name					4000032608743 -05/22/0001013101		
· •						-05/22/00-01013 poi 		
	City	of Landale				State Zip Code FL 3331/		
<b>B.</b> I, being	appointed th	e registered agent of the abo	e named corporation, am t	familiar with and accept the o	bligations of section	on 607.0505 ar 617.0503, F.S.		
Signature of Registered Agent RECKSTERED AGENT MUST SIGN					Date			
9. Names	and Street A	ddresses of Each Officer and	and the second of the second o		east 3 directors)			
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip		
)fredor	Shle	mo Rasabi	800	W. Oakland Par	n Blrd	ft Laudendale, FL	33311	
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• Loortifu	that I am an	officer or director or the receiv	ver er trustee empewered t	to avacute this application as	provided for in the	oter 607 or 617 E.S. Lifurther o	ertify 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



## MYRTLE AVENUE INVESTMENT CORP.

SUITE 100 800 WEST OAKLAND PARK BLVD. FORT LAUDERDALE, FLORIDA 33311 TEL NO 954-566-2463

May 2, 2000

Reinstatement Division Division of Corporations Secretary of State P.O. Box 6327 Tallahassee, Florida 32314

Re: Myrtle Avenue Investment Corp.

Dear Sir or Madam,

I am the President/Director of the above corporation.

The 1999 renewal form for the corporation was not received in our office and we neglected to renew it. The corporation is doing business and is viable, owns real property and it is our intent to have it renewed.

In 1999 we did not receive renewals for three other corporations located at the same address which applications for renewal have all been filed and approved.

We request that you waive any penalties for the reasons stated.

Thank you for your consideration.

Sincerely,

Shlomo Rasabi, Director/President