PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FILED SEURETARY OF STATE

APPLICATION ∴
FOR
REINSTATEMENT

DOCUMENT # P98000053157						OI MAR -5 PM 1:33
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Mailing Address Principal Place of Business					4	
					REINS	TATEMENT 00-01
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Mailing Address, If Applicable 3. New Principal Office Address, If Applicable					4 Data Incom	DO NOT WRITE IN THIS SPACE
	rie Avenue	3. 100 71110	6 Prarie Avenue			ness in Florida
Suite, Apt. #, etc. Suite, Apt. #			etc.		5. FEI Numbe	6/11/98
City & State City & State					-{ ·	Applied 1 of
Miami Beach, FL Mi			ami,Beach, FL		6	701117
^{Zig} 33140 .	Country USA :	^{Zip} 331	40 Co	untry .USA	CERTIFICATI	E OF STATUS DESIRED 🔀 \$8.75 Additional Fee required for a Certificate of Status
7. Names and Street A	Addresses of Each Officer and/o	or Director (Flo	rida nonprofit cor			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		City / State / Zip
P/D Eric Vatel			3726 Prarie Ave.		· .	Miami Beach, FL 33140
						000038557652 -03/16/0101105029
						Jh 3/0
						<u> </u>
Name and Address of Current Registered Agent					9. Name and A	Address of New Registered Agent
- Street Address					6 Prarie	is Not Acceptable) Avenue
				City		· State 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. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date _February

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box

(See other side for

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.

No

Yes

Miami Beach,

(See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 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., and that all fees owed by the corporation have been paid. 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:

SIGNAL HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vatel, —President

508 062

Daytime Phone #