PLEASE READ A	ALL INSTRUCTIONS:	val der Gallisto, M.
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATI Katherine Harris Secretary of State DIVISION OF CORPORATIONS	•
DOCUMENT # #20 444		
DOCUMENT # P98'0000 1. Corporation Name		99 HOV 19 PM 5: 12
MAZZONNI EMBROIDA	ERY & Digilizing, IDC.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business	Mailing Address	
5541 NW 49 th WAY Cocount-Creek, FT. 33013	5541 NW49EWAY	
If above addresses are incorrect in any way, line through	, in the second	REINSTATEMENT 99
New Principal Office Address 11 Applicable	New Mailing Office Address If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	To Do Business in Florida 11/03/19 98 5. FEI Number
City & State H. B 3016	Cipl State El	65 % 0874728 Applied For Not Applicable
Zip 330// Country CA	ZIP 330// COUNTY	CERTIFICATE OF STATUS DESIRED \$8.75. Additional factor grant of the activity for the state of t
7. Names and Street Addresses of Each Officer and/or	r Director (Florida nonprofit corporations must list at k	
Name of Officers Trile(s) and/or Directors	Street Address of Eac Officer and/or Direct	ch City/State/Zin
1 2	3 (Do NOT Use Post Office Box	Numbers) 4
OPP OTERO, MICHAEL	5541 NW 49th U	Locarat Creek F. 33073
		<u> </u>
	<u> </u>	
		8000030633681 -12/07/9901077015
		****750.00 ****750.00
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		; \ LS .
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent		
WALTERS, ROWALD J.	Name # 1	ER S. VARISI
10/66 NW 174 Sh	CELT Stroot Address 2832	P.O. Box Number is Not-Acceptable)
CONALSANINGS, FA.	3307/ Sulte, Apt. #, Et	8
	Falou	drodala FI 3330
10. I, being appointed the registeled agent of the above	named corporation, am familiar with and accept the	Soligations of Section 607.0505, F.S.
Signature of Registered Agent	AMENAGENT MUST SIGN	Date
 This corporation owes the countries intended in the components 		(See other side for information on intangible tax.)
this reinstatement application, the reason for dissolu- owed by the corporation have been paid and the nai	tion has been eliminated, the corporate name satisfier	provided for in chapter 607 or 617, F.S. I further certify that when filing of the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information indicated or oath.
SIGNATURE SIGNATURE AND TYPED OR PRINT	Michael STEAL	Date 79 (305)698-8808