PLEASE READ	ALL INSTRUCTIONS BEFORE	COMPLETING THIS FORM.
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS	FILED 02 MAR -4 PM 12: 54
DOCUMENT # P98000  1. Corporation Name BORMAR  14050 West  N. MARI FL	094364 Agency CORP. Dixie Highway , 33161	SECRETARY OF STATE TALLAHASSEE, FLORES
2. Principal Office Address 14050 West Dixie High Suite, Apt. #, etc.	3. Mailing Office Address  SAME  Suite, Apt. #, etc.	REDISTATEMENT.
City & State  N. M.AM, FL  Zip - Country  33161 USA	City & State  Zip Country	To Do Business in Florida  1. / 05 / 19 98  5. FEI Number  - 65 - 08 7 2 5 6 7  Applied For Not Applicable  6. CERTIFICATE OF STATUS DESIRED   8. S8.75 Additional Fee required for a Certificate of Status
	7. Name and Address of Current Registe	
Name Abel Gi Street Address (P.O. Box Number is No. 130 NW Suite, Apt. #, Etc.	illes MACCEPTABLE) 192 STREET	4000051080840 -03/14/0201052008 *****908.75 **** 908.75
City Miary		State Zip Code FL 33169
Signature of Registered Agent	re named corporation, am familiar with and accept the o	bligations of section 607.0505 or 617.0503, F.S.  Date 02 - 28 - 200 2
9. Names and Street Addresses of Each Officer and	or Director (Florida nonprofit corporations must list at le	east 3 directors)

Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip MGIR

10. 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., 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 cath.

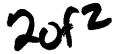
SIG	N	AΤ	U	RE
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-28-2002 Date Daytime Phone #



## **Bormar Agency.Corp**



14050 WEST DIXIE HIGHWAY N. MIAMI, FL 33161 PHONE: (786) 439 1301 FAX: (786) 439 1302

February 28, 2002

Division of Corporations,

Registration Section P.O.Box 6327 Tallahassee, FL 32314

Dear Sir,

This is to inform you that the agency: **Bormar Agency.corp** is already moved to a new location. Please add this new address and phone number to your record as quick as possible.

## 14050 WEST DIXIE HIGHWAY

N. MIAMI, FL 33161

PHONE: (786) 439 1301

FAX: (786) 439 1302

Sincerely,

Manager