PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING TH								
APPLICATION FOR FOR Secretary of State					APPROVED AND FILED			
REINSTATEMENT DIVISION OF CORPORATIONS					00 OCT 24 PM 4: 06			
DOCUMENT # P9900025275 1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
GRISSELL DENIZARD, P.A.								
Principal Place of Business Malling Address							10 11011 1 468 : 0 111 1 66 :	
6239 SW 13 MIAMI _, FL 3		6239 SW 139TH AVE. MIAMI FL 33183						
If above addresses are incorrect in any way, line through incorrect information and enter correction below.								
	ncipal Office Address, If Applicable		New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 03/15/1999		
Suite, Apt.		Suite, Apt. #, etc.			5. FEI Number		Applied For	
Zip Zip	Country	Zip			6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status			
7. Names a	and Street Addresses of Each Officer and	or Director (Flor						
Title(s) Name of Officers and/or Directors 1				treet Address of Each				
D	DENIZARD, GRISSELL		6239 SW 139Ti	H AVE.		MIAMI FL 33183		
						3000034561636 -11/07/0001121023 ****150.00 ****150.00		
	8. Name and Address of Current	Registered Age	nt		9. Name and A	ddress of New Registered Agen	t ()	
DENIZARD, GRISSELL Street Address (N/1	CR2E(040 (8/00)	
	SW 139TH AVE.		Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33183				Suite, Apr. #, Etc.				
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ol					FL			
Signature o Registered	Agent Missell Der	يعقما	2 REQUE	JIRE)		Date		
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 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: 10-17-00(305)551-9400 SIGNATURE AND TYPED OR PRINTED NAME OPSIGNING OFFICER OR DIRECTOR Date Da								
						>	(133	

October 18th 2000.

Florida Department of State Division of Corporations

Re: Document number P 99000025275

To whom it may concern:

Please be advised that I, Grissell Denizard, recently formed a corporation as you can see in yours records. When I received by mail on October 11th 2000 a red and white envelope from your office with a notice of dissolution as of September 22, 2000 and the notice I received three weeks later, I went nuts. After several attempts to contact some one from your office to clear this up I finally get in hold of Mr. Tommy Sbott, who explained to me that the office mailed a application form for the renewal. Honestly I don't recall seem said form and if I did I didn't know what was the purpose of it unless it is a letter along with the form with a simple language just the one I received last week with the wording "notice of dissolution".

Be advised that I hold several license with the Dept. of Professional and Regulations and I organized myself to pay on time my renewals fees. This situation should not happened if I would know the procedure.. My accountant who took care off all the corporation papers failed to inform me the standard procedure of your office. Now that I know this situation won't happen again. I hereby like to request if is possible that this renewal fee to be waive.

Once again, I ask for consideration to a person like me a "ruki" in this of procedure.

Sincerely,

Grissell Denizard