

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APR 10/2

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV 14 PM 6:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000030127

1. Corporation Name

MIAMI BEACH LOCKSMITH CORP.

Principal Place of Business

709-71 STREET
MIAMI BEACH FL 33141

Mailing Address

709-71 STREET
MIAMI BEACH FL 33141

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/01/1999

5. FEI Number

65-0909625

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVST	DE LA PAZ, RUDY	709-71 STREET	MIAMI BEACH FL 33141
D	DE LA PAZ, RUDY	709-71 STREET	MIAMI BEACH FL 33141
			500003488465--5 12/05/00 01117 016 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

DE LA PAZ, RUDY
709-71 STREET
MIAMI BEACH FL 33141

9. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

Suite, Apt. #, Etc. _____

City _____ State **FL** 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

[Signature]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date *11/09/00*

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:

[Signature]
SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/09/00 (305)-867-5250

Date

Daytime Phone #

CR2E040 (8/00)

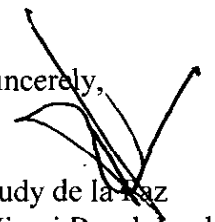
November 9th, 2000.-

Division of Corporation.

Att. Christine.

In reference to our telephone conversation today's day, please, find out the application for the Annual Report from my company.
As a told you, we never received the annual report filing by the day that should be. Even this is the first notice that i received from you in regards to the Annual Report.
In June 26th, 2000, we filed an ammenmend to name change, if i knew, that the annual report should be filed, i will do it at that time.
I appreciate your cooperation in this matter.

Sincerely,



Rudy de la Paz
Miami Beach Locksmith, Inc.
President