## **APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

## P99000054071 DOCUMENT #

1. Corporation Name

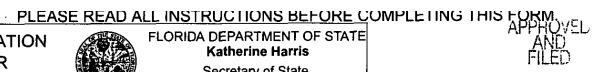
## MYCHRIS CREATIONS, INCORPORATED

Principal Place of Business

Mailing Address

15237 SW 168 TERRACE MIAMI FL 33187

15237 SW 168 TERRACE MIAMI FL 33187



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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If above a	addresses are	incorrect in any way, line	through incorrect	information a	and enter c	orrection below.			
New Principal Office Address, If Applicable 3. New Maili			ing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida OS/14/1000			
Suite, Apt. #, etc. Suite, Apt. #			ł, etc.			5. FEI Number Applied For			
City & State - City & State						(5-092-999) Not Applicable			
Zip Country Zip			Country			CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Ad	dresses of Each Officer a	and/or Director (FI	orida nonpro	ofit corporat	tions must list at le	ast 3 directors	)	
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director					
PD	GONZALEZ, ROSEMARIE V 15237 SW 168			SW 168 T	ERRACE	MIAMI FL 33187			
STD	GONZALEZ, J A 15237			15237 9	5237 SW 168 TERRACE			MIAMI FL 33187	
								700003487 -12/05/00	77871 01074006 *****758.75
					D.S.	INSTA	TEM		
	UCHAO I					M 8 <b>0</b> 818,	# FP DARR	. 0	
-								M	M
	8. Nam	e and Address of Curr	ent Registered Ag	ent		9. Name and Address of New Registered Agent			
				-		Name			
- GONZALEZ, ROSEMARIE V 15237 SW 168 TERRACE				- ·	Street Address (P.O. Box Number Is Not Acceptable)				
	I FL 33187					Suite, Apt. #, Etc.			
23.					_	City State Zip Code			
1 <u>10</u> I, bein	g appointed th	e registered agent of the	above named com	poration, am	familiar wit	th and accept the	obligations of S	Section 607.0505, F.S.	1
Signature of Registered	of Agent	colnand	REGISTERED A	ZENT MUST	T SIGN		<del></del>	Date	(00)
this rei	nstatement ap by the corporat	plication, the reason for o	lissolution has bee the names of indivi	n eliminated. iduals listed (	, the corpo on this for	rate name satisfies n do not qualify for	s the requirem r an exemptior	chapter 607 or 617, F.S. I furthe ents of section 607.0401 or 617.0 n under section 119.07(3)(i), F.S.	0401, F.S., that all fees
SIGNA	TURE: $\frac{\sqrt{100}}{100}$	DOMA GNATURE AND TYPED OR	PRINTED NAME OF	SIGNING OF	FIGER OR D	RECTOR	<i>b</i>	1 60 305-3	3 18 - 102 8 Daytime Phone #
	F	Josemanie	V.Conz	<u>Lales</u>	- -	Presiden	+ /	,	