

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV -5 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000008811690

11/05/02--01101--002 **1050.00

REINSTATEMENT 00-02

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

CORPORATION
REINSTATEMENT



DOCUMENT # P99000083730

1. Corporation Name

2221 Corporation

2. Principal Office Address

9801 Collins Avenue

Suite, Apt. #, etc.

Apt. 7C

City & State

Bal Harbour, FL

Zip

33154

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

9/22/99

5. FEI Number

65-0950521

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lea Liberman

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

2699 Stirling Road

Suite, Apt. #, Etc.

Suite A-305

City

Ft. Lauderdale

State

FL

Zip Code

33312

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/1/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Jerald Selevan	9801 Collins Avenue, #7C	Bal Harbour, FL 33154
VPD	Ivan Martin	13060 SW 106 Street	Miami, FL 33186
SD	Luisa Martin	13060 SW 106 Street	Miami, FL 33186
TD	Trudy Selevan	9801 Collins Avenue, #7C	Bal Harbour, FL 33154

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 oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/01/02

Date

305-993-1822

Daytime Phone #

CR2E081 (9/01)