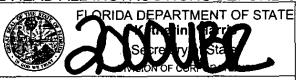
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR** REMISER



DOCUMENT #

P99000083890

1. Corporation Name

MR. PLANT INC.

Principal Place of Business

Mailing Address

AND THE PARTY OF

FILED

00 OCT 24 AM 9: 20

SECRETARY OF STATE TALLAHASSEE FLORIDA



MIAMI: FL 3		12086 S.W. 2501H ST. MIAMI FL 33032					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							
			ailing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     09/20/1999		
Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.				
City & State		City & State			Not Applicable		
Žip	Country	Zip	Cou	intry	6. CERTIFICAT	\$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)							
Title(s)	Title(s) Name of Officers and/or Directors  2		Street Address of Each Officer and/or Director		ch or	City / State / Zip	
PD	NARANJO, LUIS F		12098 S.W. 2	50TH ST.	MIAMI FL 33032		
VD	TAYLOR, SYLVIA P		12098 S.W. 250TH ST.			MIAMI FL 33032	
, , , , , , ,					<u>c</u>	000034592105 -11/09/0001088016 ****150.00 ****150.00	
Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent		
NARANJO, LUIS F 12098 S.W. 250TH ST. MIAMI FL 33032				Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.			
MICHINI I C 00002							
City						State Zip Code FL	
10. It, 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 REGISTERED AGENT MILES SIGN  Date 10 - 18 - 00							
11. I certify that I am an office for director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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: SALUNCALED OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							