المارية المارية المارية

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	FLEA	40E KEMD	ALL INO I	RUCII	ONS BEFORE C	OWIFLE	ING II		100 mars	
	1 .	A CO	EL OPIDA	DEPARTMENT OF STATE	MENT OF STATE		FILED			
CO R	HORATION A	作品	1	Katherin				02 JUL - I	AM IC	3: 02
	• •		DIVISION OF (DRPORATIONS		SECRETARY OF ST TALLAHASSEE, FLO			TATE
DOCU	JMENT #	P990	∞	88	531			IMEEMINGO	1.L.) L	AUIND
	The Du	nhill Con	npanie	II, 2s	nc.					
							000	006231 -07/05/021 ****300.00	357 01076-	7——5 021
2. Principa	Office Address	1	3. Mailing C	office Addres	s .	1		***************************************	- कककक	່ວຍຍຸບບ
2324 Suite, Apt. #	ongress	Aue	SAY Suite, Apt. #,			-				
) F	, 68.	- · <u>·</u> · .	. , ,	. Wie _		-4Date Incorp				
City & State	V. I. K.	adı	City & State		······································	5. FEI Numbe	т	лоа	_ 	olied For
Zip (Count		Zip	me	Country	65095	115	20.76	1	Applicable Fee required
1-1	33406 (a)	m Boach	Som	~	Same		OF STATE		a Certificate	
			7. 1	vame and A	ddress of Current Register	red Agent				
	Name est	ev W	msloz	رمها						
	Street Address (P.	O. Box Number is N	ot Acceptable)	Aug	IF					
	Suite, Apt. #, Etc.	4 5 00.	14 Para	1100		···-	-			
	city West	- Palm	B				State FL	2ip Code 33 406		
8. I, being	appointed the register	red agent of the abo	ve named corpo	oration, am fa	amiliar with and accept the o	bligations of section	on 607.05	05 or 617.0503, F.S.		
Signature of Registered A		<u> </u>					Date	6 3be		
	\mathcal{L}	RE	GISTERED AC	SENT MUST	SIGN			' (
	and Street Addresse	· · · · · · · · · · · · · · · · · · ·	l/or Director (Fi	orida nonpro	fit corporations must list at le					
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
V/es	Lester W. SALZMAN			2551	ace.	Wester, 1-13332-				
						, ,				
٠٠							<u>.</u>	o de la composição de l		
		· · · · · · · · · · · · · · · · · · ·						<u> </u>		
l				l			1	111215		

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/02

561-964

Daytime Phone #

THE DUNHILL COMPANIES 2324 S. CONGRESS AVENUE WEST PALM BEACH, FL. 33406

561-964-2772

June 6, 2002

Department of State
Division of Corporations
PO.Box 6327
Tallahassee, FI 32314

To Whom It May Concern:

Please find enclosed documents for re-instatement of the above captioned corporation. It appears that the annual report was not filed as the result of an incorrect address registration. We have included a check for three hundred dollars for the reinstatement fee. Your cooperation in this matter is greatly appreciated.

Lester W. Salzman,

President

Letter Control

A SECTION OF THE WAY IN