PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

to

APPLICATION FOR REINSTATEMENT





SECRETARY OF STATE DIVISION OF CORPORATIONS

00 OCT 25 PM 12: 59

DOCUMENT # P99000104139

1. Corporation Name

SIXTH	STREET	HOLDING	COMPANY
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Principal Place of Business Mailin		Mailing Addr	ess							
			560 Washington avenue Miami FL 33139							
		incorrect in any way, tine			and enter correction below.	I 4 Data Incom	orntod or Auglified			
Z. 146W F11	ncipal Office A	odiess, ii Applicable	J. New Wall	ling Office Address, If Applicable		To Do Busir	orated or Qualified ness in Florida	12/01	12/01/1999	
Suite, Apt.	#, etc.		Suite, Apt. #,			5. FEI Number	r	V Applied For		
City & State	3		City & State			1				
Zip	·	Country	Zip		Country	6. CERTIFICATI	E OF STATUS DESIRED	_ <u></u>	==	
7 Names	and Street Ad	dresses of Each Officer a	nd/or Director (Flo	rida nonpro	fit corporations must list at le	ast 3 directors)			-	
Title(s)	Name of Officers		Street Address of Each Officer and/or Director		, h	City / State / Zip MIAMI BEACH FL 33140				
PD	DOINO, TONINO		2555 COLLINS AVE., APT 2305							
VD	CARRARA, SYLVAIN			400 S. POINTE DR., APT. 2305		MIAMI BEACH FL 33139				
STD DOINO, PAOLO			2555 CO	DLLINS AVE., APT 2305		MIAMI BEACH FL 3				
						8	000034 -11/15/ ****15	'0001:	283 114010 ****150.00	
	8, Nam	e and Address of Curre	nt Registered Age	ent		9. Name and A	Address of New Regi	istered Agen	ıt .	
7270 Suite Miami	N.W. 12TH S PH-9 FL 33131 appointed th		ebove named corp	<u> ලැ</u> ල්	Street Address (407 Suite, Apt. #, Etc. City familiar with and accept the center of the center o	Linco 5- 11 Be	ام در الم ان 607.0505, F.S.	State Zi	p Code 33/39	
Registered	Agent		REGISTERED AG	ENT MUST			Date	-1		
11. I certify	that I am an e	officer or director or the re	ceiver or trustee er	mpowered to	execute this application as	provided for in cha	apter 607 or 617, F.S.	I further certi	ify that when filing	

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 RSJOANRICALLUM SIGNITURE AND DAFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-73.00 30567497co

Date Daytime Phone

~g?

SIXTH STREET HOLDING COMPANY 560 WASHINGTON AVENUE MIAMI BEACH, FL. 33139 October 23, 2000

DIVISION OF CORPORATION ANNUAL REPORT/REINSTATEMENT SECTION P.O. BOX 6327 TALLAHASSEE, FL. 32314

Dear Sir or Madam:

The purpose of this letter is to respectfully request an abatement of your penalties based On the facts that we never received your first notice. Our register agent is no longer at 7270 N.W. 12th Street suite PH-9 Miami, Fl. 33131. His new location is 407 Lincoln Road Suite 5-B Miami Beach, Fl. 33139. He never received your first notice.

Sincerely

Sylvain Carrara