

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

<b>APPLICATION FOR REINSTATEMENT</b>		<b>LODO DEPARTMENT OF STATE Santa B. Montan Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> S80538		<b>FILED</b> 96 DEC 16 AM 11:51 <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>	
<b>Principal Place of Business</b> 1784 SW 1st Miami FL 33135		<b>Mailing Address</b> "SAME"	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
<b>2. New Principal Office Address, If Applicable</b>		<b>3. New Mailing Address, If Applicable</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PSD	Esmilda Marenco	1361 SW 4th St. Apt #5	Miami FL 33135
<b>8. Name and Address of Current Registered Agent</b>		<b>9. Name and Address of New Registered Agent</b>	
Signature of Registered Agent Esmilda Marenco		Name Esmilda Marenco Street Address (P.O. Box Number is Not Acceptable) 1784 SW 1st Suite, Apt. #, Etc. City Miami	
		State FL	
		Zip Code 33135	
<b>10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</b>			
Signature of Registered Agent Esmilda Marenco		Date 09/16/96	
<b>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.</b>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)	
<b>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I re-          lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all          fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made          under oath.</b>			
<b>SIGNATURE:</b> Esmilda Marenco		09/16/96 (305)541-0353 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # _____	