•	PLEASE READ	ALL INSTRUCTION	NS BEFORE C	OMPLETING THIS F	ORM.	
APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State		FILED		
DIVISION OF CORPORATIONS				98 MAY EL PILLE:	00	
DOCUMENT # S9/426  1. Corporation Name				SECHLANT ( F. SIM	TE .	
A.H., 1607, INC.				SECHLANIA SI TALLANIAN ALI, PLON	IDA	
Principal Place of Business Mailing Address					HILL GIBLE BIĞIR GIBLI GIBLE GEGEL BERLE FRA	
5225 COLLINS AVE STE 1607		5225 COLLINS AVE STE 1607				
MIAMI BEAHC FL 33140		MIAMI BEAHC FL 33140		1 10011010 110 19111 19911 \$1819 11919 1	(III) <b>9/9</b> (1 <b>9/8(1 9/8(1 9/9(1 9/8(1 9/8</b> ))	
US US						
If above addresses are incorrect in any way, line through incorrect information and enter correction.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable				Date Incorporated or Qualified	4040044	
Sulte, Apt.	#, etc.	Suite, Apl. #, etc.		To Do Business in Florida	12/02/1991	
City & State		City & State		5. FEI Number 65-0309112	Applied For	
				6.	Not Applicable  \$8.75 Additional Fee required	
Zip	Country	Z <sub>I</sub> p Co	ountry	CERTIFICATE OF STATUS DESIRE	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)  Name of Officers  Street Address of Each						
Title(s)	and/or Directors	Officer and/or Director 3 (Do NOT Use Post Office Box N		lumbers) 4	City / State / Zip	
D	MCKIBBIN, DAVID A. ESQ. 5225 COLLINS AVE		S AVE	MIAMI BEAHC	FL 3314a	
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	8. Name and Address of Current	Registered Agent		9. Name and Address of New Re	gistered Agent	
MOVIE			Name	- Tallio and the state of the s		
MCKIBBIN DAVID A Suite 1807			Street Address (F	Street Address (P.O. Box Number is Not Acceptable)		
5225 COLLINS AVE			Suite, Apt. #, Etc.	Suite, Apt. #, Etc.		
MIAMI BEAHC FL 33140			City	City State   Zip Code		
					FL	
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.  Signature of						
Registered Agent Date REGISTERED AGENT MUST SIGN						
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No (See other side for information on intangible tax.)						
12. 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 SIGNANG OFFICER OR DIRECTOR Date Date Date Dayline Phone #						

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