PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. DRIPA DEPARTMENT OF STATE APPLIC/ andra B. Mortham ecretary of State, , DOCUMENT 97 DEC 22 AM 9:58 BIBA INC DEA ABILITY GLASSYMILLOS 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address (SAME AS PRINC iPAL) Principal Place of Business 3300 S. LUNDRESS AVE SUITE BOYNTON BEACH, FUNLIAN HODOROSSY-16-905B If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc 5. FEI Number 650355107 City & State City & State Zip Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addressos of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) BOYNTON BEACH, FLORIDA 33435 BOYNTON BEACH, FLORIDA 911 CHAPELHIU BLVD MAKLENE AWAD ROBERT R. AWAD 000002384430--1 -12/23/97--010<u>7</u>2\007 ****965,00 /*64*965.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent BUYNTON BEACH 10. I, being appointed the registered agent of the above pamed corporation, am familiar with and accept the obligations of Section 607,0505, F.S. Signature of Registered Agent Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. Yes 🖊 on intangible tax.) 12. Loertify 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, 12/8/97 521-736-3863 SIGNATURE: ONING OFFICER OF DIRECTOR



December 8, 1997'

Florida Department of State Division of Corporations Tallahassee, Florida

To whom this may concern,

It has recently come to our attention via your office that our Corporation has been "Inactive". We were completely unaware of this issue since we never received any renewal requests. The Lawyer that had originally handled the incorporation did not forward your renewal requests and therefore we find ourselves in this very precarious situation.

We want to remedy this situation immediately and request your aide. Please find attached a check for \$825.00 to pay for the years we have not filed for renewal. We respectfully request that the reinstatement fees be waived or compromised since we never received any notice that we were delinquent on this matter. We are very sorry that this has fallen between the cracks so to speak and we have contacted the lawyer in question to review with him why this has occurred, and ensure that it doesn't occur again.

Once again we greatly appreciate your help and cooperation in this matter and we await your acceptance and assure you of our continued compliance with your requirements. Please advise us of any further action that we need to take to finalize this atter to our mutual satisfaction, In the meantime we remain at your disposal should you require any additional information do not hesitate to call us at 1-561-736-3863. Thank you once more.

Yours Truly,

Robert R. Awad