	PLEASE	READ ALL IN	STRUCTIONS	BEFORE C	OMPLETI	NG THIS FORM.	
APP	LICATION	FLOF	RIDA DEPARTMEI		-		•
	FOR §		Sandra B. Moi Secretary of S				
REINS	STATEMENT "		DIVISION OF CORPO			F***	
DOCU	JMENT # V	3403	{			FILED	
Corporation	ion Name					97 MAY -2 AM 9: 28	
	ALIBER			INC	]	SECRETARY OF STATE ALLAHASSEE, FLORIDA	
Principal Pla	o NFEDER	Mailing ハル 出しい	Address	federal i	Hus		
430	o N LEDE	CAC TION	F+ ha	uderd	ule		
FTL	anderdo	72228			DEIMO	TATEBREAL AL A	1
If above add	dresses are incorrect in any cipal Office Address, If Appli	way, lifte through incorr	eqt information and enter Mailing Office Address, If		KEIN3	OTALEVIEN GOOD	<u>/</u>
5200	VE ILU	147 526	w DE Jus	DR7		ess in Florida 05/06/1998	-
Suite, Apt. #, etc. 404 Suite, Apt. #, etc. 404					5. FEI Number	Applied Fo	or
PT K	anderdale	PL FT	anderdale	FL	6	5.0354494 Not Applic	
<sup>2</sup> 9333	34 Brown	and 33	334 80	owand		OF STATUS DESIRED 58.75 Additional fee recognized for a Certificate of State	
7. Names ar	nd Street Addresses of Each			ations must list at lea	<del></del>		
Title(s)					r	City / State / Zip	
DP	Mouly Michel 5200 DE				AN Thou	FT panduded Fo	2
DUS	us Houly Juana			5200 DE 14WAY #404 Ft handerdule 33734			34
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	and the state of t				60	00002176836	5
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}						,	
						A18191	
8. Name and Address of Current Registered Agent				Name	9. Name and Address of New Registered Agent		
micher modify					Name 96 97 98 98 98 98 98 98 98 98 98 98 98 98 98		
Fort Landerdale, fr 33326				Suite, Apt. #, Etc.			
, ,		~ ( - )	ω· Ψ	City		State Zip Code	
10. I, being a	appointed the registered age	ent of the above named	corporation, am familiar w	ith and accept the o	bligations of Section		
Signature of Registered A	Agent .	REGISTERED	AGENT MUST SIGN			Date 1 - 017	
11. Doe Dep	es this corporation pt. of Revenue u	on pay any inta nder S. 199.03	angible tax to th 32, Florida Stat	ie utes. Yes	Ø No [	(See other side for information on intangible tax.)	
this reinst owed by t	tatement application, the rea	ison for dissolution has t aid and the names of in	peen eliminated, the corpo dividuals listed on this for	orate name satisfies m do not quality for	the requirements an exemption und	oter 607 or 617, F.S. I further certify that when filin of section 607.0401 or 617.0401, F.S., that all fees er section 119.07(3)(i), F.S. The information indice	· .

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR