PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING APPROVEM TON FLORIDA DEPARTMENT OF STATE Sandra B. Mortham FILED

APPLICATION FOR · · REINSTATEMENT



Secretary of State

DIVISION OF CORPORATIONS

1996 DEC -2 AH 10: 42

SIGNATURE:

DOCUMENT # V70456 1. Corporation Name							SECRETARY OF STATE TALLAHASSEE, FLORIDA			
MICH	AEL EAI	KINS ENT., INC) .							
Principal Place of Business 18282 W. DIXIE HWY. SILAMI FL 33166 US			677 N.E. 20	Mailing Address 677 N.E. 206 TERR. MIAMI FL 33179 US						
If above addresses are incorrect in any way, line the 2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country 7. Names and Street Addresses of Each Officer and			3. New Mailing Office Address, If A II 22 N.E. 210 Te Suite, Apt. II, etc. MIAMI FL City & State Zip 33179 Country US			Applicable EARAC &	5. FEI Number 6. CERTIFICATE	65-0372886 Not Applicable CERTIFICATE OF STATUS DESIRED 58.75, Additional Fee required for a Certificate or Status.		
Title(s)	Name of Officers Title(s) and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			· · · · · · · · · · · · · · · · · · ·	City / State / Zip		
p·	P · EAKINS, MICHAEL			677 N.E 200 TERT. 122 N.E. 210 TERRACE MIAMI FL 33179						_
					500002020606 -12/05/9601027				.00 ****200.00 206060 601027003	
8. Name and Address of Current Registered Agent Name							9. Name and Address of New Registered Agent			
PEREZ-SIAM, FRNAK 8450 S.W. 70TH ST. MIAMI FL 33143					MICNAEL EARINS Street Address (P.O. Box Number is Not Acceptable) 1127 N.E. 710 TERRACE Suito, Apt. #, Etc. City State Zip Code					CR2E040 (7/96)
Signature of Registered	of Agent Des this (corporation pay	REGISTERED AS	ENT MUST	sign x to th) R.F. [) 	1 (bilgations of Sacti	Date 9-	FL 33179 - 23 - 96 other side for information	<u>-</u>
12.1 cortify this rein	that I am an onstatement appropriate	evenue under S officer or director or the rec plication, the reason for dis	5. 199.032, colver or trustee en asolution has been e names of individ	Floridanpowered to eliminated, units listed of	o execute to the corporate form	this application as prate name satisfies no do not qualify for	revided for in cha the requirements an exemption und	aptor 607 or 617, F.S. I	on intangible tax.) I further cortify that whon filing r 617.0401, F.S., that all fees), F.S. The information indicate	ıd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR