

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV 22 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **840615**
1. Corporation Name
TAORMINA INVESTMENTS, N.V. COMPANY

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 25 SE 2ND AVENUE 900 MIAMI FL 33131 US | 25 SE 2ND AVENUE 900 MIAMI FL 33131 US |

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 99

| | | | |
|--|--|---|-----------------------------------|
| 2. New Principal Office Address, if Applicable | 3. New Mailing Office Address, if Applicable | 4. Date Incorporated or Qualified To Do Business in Florida | SP |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 05/08/1978 | |
| City & State | City & State | 5. FEI Number | Applied For |
| Zip | Country | 99-0098628 | Not Applicable |
| | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | \$8.75 (Fees are in U.S. Dollars) |

| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | |
|---|--|---|--|
| 1. Title(s) | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director | 4. City / State / Zip |
| DP | GIOVANNI, CIRINO CANNAVO | PANORAMICA DELLO STRETTO | MESSINA, ITALY |
| D | ANTHONY MANAOME COO AMACO (CURACAO) N.V. | BOHOTESWER OOSTERLAAN KAYA W.F.G.(JOMBI) HENSING 36 | CURACAO, NETHERLANDS ANTILLES |
| DVP | EUFRASIA PASCAZIO DE CANNAVO | PANORAMICA DELLO STRETTO | MESSINA, ITALY |
| | | | 100003060511--6 12/03/95 61695 012 ****750.00 ****750.00 |

| | |
|---|--|
| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
| MURAI, RENE V ESQ. 25 S.E. SECOND AVE. 900 INGRAHAM BLDG. MIAMI FL | Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 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 607.0605, F.S.

Signature of Registered Agent: [Signature] **REQUIRED** Date: 11/2/99

REGISTERED AGENT MUST SIGN

11. 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., 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] **REQUIRED** Date: 11/2/99 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 ANACO CURACAO N.V. Director
 GIOVANNI CIRINO CANNAVO President