

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 JUL 16 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F 24227

1. Corporation Name  
EDICOMSA INTERNATIONAL, INC

Principal Place of Business Mailing Address  
14320 S.W. 78th Ave.  
MIAMI - FL 33168

REINSTATEMENT 82-97

*O. Alvarez*  
7/16/97

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

2. New Principal Office Address, if Applicable  
3. New Mailing Office Address, if Applicable  
4. Date Incorporated or Qualified To Do Business in Florida  
5. FEI Number  
6. CERTIFICATE OF STATUS DESIRED

MARCH 26, 1981

Applied For  
 Not Applicable

\$8.75 Additional Fee required 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)

Title(s)	Name of Officer and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	JOSE SALA AMAT	Londres 63, Sexto	BARCELONA, SPAIN
V.P	JORGE H. CADIZ-PINTO	14320 SW 78 Ave	MIAMI - FL 33168
Sec	GUSTAVO GARCIA-MONTES	1910 BIARRITZ DR. #1	MIAMI BEACH - FL 33141
V.S	ESTHER NAJERA MARIN	ACACIAS 50	MADRID, SPAIN
T	PEDRO P. LLAGUNO	2050 Coral Way # 303	MIAMI - FL 33145

8. Name and Address of Current Registered Agent

GUSTAVO GARCIA-MONTES  
1910 BIARRITZ DR. #1  
MIAMI BEACH, FL 33141

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc  
City  
State  
Zip Code

300002242883-0  
-07721797-01092-003  
\*\*\*2248.75 \*\*\*2248.75  
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  
REGISTERED AGENT MUST SIGN

Date 7-11-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  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 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)(b), 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: *Jorge Cadiz Pinto*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7/4/97

Daytime Phone #