

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
97 OCT 31 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F63601

1. Corporation Name
STURE JOHANSSON INTERNATIONAL, INC.

Principal Place of Business
**363 GRANELLO
CORAL GABLES FL 33146**

Mailing Address
**363 GRANELLO
CORAL GABLES FL 33146**



REINSTATEMENT 97 *JK 11/3*

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/19/1982	
City & State		City & State		5. FEI Number 65-0135235	
Zip		Zip		Applied For	
Country		Country		Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	JOHANSSON, STEFAN	363 GRANELLO	CORAL GABLES FL 33146
SD	JOHANSSON, HENRY	363 GRANELLO	CORAL GABLES FL 33146
VD	JOHANSSON, STURE	363 GRANELLO	CORAL GABLES FL 33146
			000002337410--1
			--11/04/97--01035--012
			****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WEIDER, NORMAN S ESQ. 100 S.E. 2ND STREET SUITE 3910 MIAMI FL 33131		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State 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: *[Signature]* REGISTERED AGENT MUST SIGN Date: _____

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(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]* **STEFAN JOHANSSON** 10/27/97 (305) 442-4600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRES. Date Daytime Phone #

CR2E040 (8/97)