

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **aa** REINSTATEMENT

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



FILED

99 NOV 15 PM 3: 31

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F97000001696**

1. Corporation Name
INTERACID TRADING, S.A.

| | |
|---|---|
| Principal Place of Business 2139 N. BEACHWOOD DR. LOS ANGELES CA 90068-3403 OC | Mailing Address 6201 SUNSET BLVD. SUITE 26 LOS ANGELES CA 90028-8704 |
|---|---|



REINSTATEMENT **aa**

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

| | | | |
|--|--|--|-----------------------|
| 2. New Principal Office Address, If Applicable 100 S. Ashley Drive | 3. New Mailing Office Address, If Applicable 100 S. Ashley Drive | 4. Date Incorporated or Qualified To Do Business in Florida 04/03/1997 | SP |
| Suite, Apt. #, etc. Suite 1650 | Suite, Apt. #, etc. Suite 1650 | 5. FEI Number 98-0156964 | |
| City & State Tampa, FL | City & State Tampa, FL | Applied For Not Applicable | |
| Zip 33602 | Country USA | Zip 33602 | Country USA |

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 |
|--------------|--------------------------------------|---|------------------------|
| C | JENZER, GUNTER | 1M KAMP 24 | D-48238 BOTTROP |
| D | CHOLLET-DURAND, JACQUES | 2, CH. DE GRENIERS | CH-1522 LUCENS |
| B | SCHNEIDERMAN, JACQUES | 2250 N. BAYVIEW | MIAMI BEACH |
| D | TERRIER, CHRISTIAN | 35, CH DU POLNY | CH-1066 EPALINGES |

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|---|--|
| 8. Name and Address of Current Registered Agent WILSON, JAMES C 102 W. WHITING ST., STE. 500 TAMPA FL 33602 | 9. Name and Address of New Registered Agent Name Ralph Garcia, Pender Newkirk & Co. Street Address (P.O. Box Number is Not Acceptable) 100 S. Ashley Drive Suite, Apt. #, Etc. Suite 1650 City Tampa State FL Zip Code 33602 |
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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: Date: **11/11/99**

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: **CHOLLET-DURAND, JACQUES** Date: **08/11/99** 41 21 654.53.52
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/99)