PLEASE READ A	LL INSTR	UCTIC	NS BEFO	RE C	COMPLETING THIS FORM. / OF 2	
APPLICATION FOR REINSTATEMENT	FLORIDA I	DEPART	MENT OF S Morthern	TATE	FILED	
Corporation Name				96 NOV 21 PM 3: 19 SECRETARY OF STATE TALLAHASSEE FLORIDA		
Principal Place of Business 100 SE SECOND ST. 2315-A MIAMI, FL 33131 If above addresses are incorrect in any way, line thro 2. New Principal Office Address, if Applicable	Mailing Address 2 SOUTH BISCAYNE BLVD #113729 MIAMI, FL 33111 arough incorrect information and enter correction 3. New Mailing Address, if Applicable				1000020122015 -11/22/9601029002 *****200.00 *****200.00 DO NOT WRITE IN THIS \$PACE 4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.	Suite, Apt. #, etc.				8/9/90 5. FEI Number Applied For	
City & State	City & State				65-0347289 Not Applicable	
Zip Country	Zip		Country		CERTIFICATE OF STATUS DESIRED S8 75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/o	or Director (Florid	a nonprofit				
Title(s) Name of Officers and/or Directors		3 (Do	Street Addres Officer and/o NOT Use Post Of	r Directo	or City / State / Zip	
De Le Compte, 5. #2		100 SC #231 MIG	15 A 17		est micmi, F2 33/3/	
S Carbayo, E.			Eins.	547.	Miami, FL 33/3/ Miami, FL 33/3/	
					NOTICE NOT RECVU.	
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent		
IBC FIDUCIARY INC. 100 SE SECOND ST.		Street	t Address (P.O. Box Number is Not Acceptable)			
SUITE 2315-A MIAMI, FL 33131			Suite,	te, Apt. #, Etc.		
			City	State Zip Code		
10. I, being appointed the registered agent of the above named corporation, am familiar with and ac Signature of Registered Agent By; June 300 PREGISTERED AGENT MUST SIGN				cept the	p obligations of Section 607.0505, F.S. Date// > 0/96	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.						
12. I dowereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					11/20/96 (305) 757-444 Daytime Phone #	

a of a

SMEJDA & ASSOCIATES

International Place 100 S.E. 2nd St. #2315-B Miami, Florida 33131 USA Tel: (305) 358-9995 Fax: (305) 358-9997

November 20, 1996

Ms. Marie Bartlett
Department of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Dear Ms. Bartlett:

Apparently, a clerical error of some sort was made on the initial filing of IBC Associates' 1996 corporate Annual Report. As promised in our telephone conversation of earlier today, enclosed please find a competed Application for Reinstatement and a check for Two Hundred Dollars (\$200.00) to cover the costs of same. Furthermore, it is our understanding that upon receipt of these items, IBC Associates will be fully reinstated and that any additional penalties will be waived.

I would greatly appreciate if you would notify me of the receipt of these items at (305) 358-9995 at your earliest convenience.

If you have any questions, please feel free to call or fax. Thank you very much for your assistance in this matter.

Very truly yours, SMEJDA & ASSOCIATES

ORGE GURIAN