PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

#### DOCUMENT #

M52075

Mailing Address

1. Corporation Name

Principal Place of Business

SIGNATURE:

#### JOEL INTERNATIONAL CORP.

00 JAN 21 CM 1: 47

SECRETALITALISTATE TALLAHASSEE, FLORIDA

| <del>200 DRIOKÉLL PLAZA</del>                     |   |                                 | - <del>001-PONGE DE LEON BLV</del> D                           |   |  |  |   |  |                                 |
|---|---|---------------------------------|--|---|--|--|---|--|---------------------------------|
| Alami Fi 33131                                    |   |                                 | CORAL GABLES FL 33134*   |   |  |  | Transfer on dura den ann leas an dien alen alen alen alen alen alen alen al |  |                                 |
| <del>10-</del> ,                                  |   |                                 |  |   |  |  | ∦   |  |                                 |
|   |   | incorrect in any way, line thro | ugh incorrect in   | formation a                                 | nd enter c   | orrection below.   |   |  |                                 |
| 988 Brickell Ave.                                 |   |                                 | 3. New Mailing Office Address, If Applicable 888 Brickell Ave. |   |  | Date Incorporated or Qualified     To Do Business in Florida                           |   |  |                                 |
| Suite Apt.  | #_etc.  |                                 | Suite, Apt. #, etc.  |   |  | ≟5FEI Number   |   | Applied For                                |                                 |
| _   | , IV BY   |                                 | City & State   | City & State                                |  |  | io. 1 El Mamba.   | 59-2843110                                 |                                 |
| City & State                                      |   |                                 | Miami, H   |   |  |  | . 6   |  | Not Applicable                  |
| 33131 Country A                                   |   | Zip33/3/ Coun                   |  | Country                                     | 18A  | CERTIFICATE OF STATUS DESIRED 50.73 Additional Fee require for a Certificate of Status |   |  |                                 |
| . Names   | and Street Ad   | Idresses of Each Officer and/   | or Director (Flo   | ida nonprof                                 | it corpora   | tions must list at lea   | st 3 directors)   |  |                                 |
| Title(s)  | 2   | -                               | Street Address of Each<br>Officer and/or Director<br>3         |   |  |  | City / State / Zip  |  |                                 |
| D   | FERNANDEZ ALFAU, MANUEL 901 PONCE I<br>FERNANDEZ ALFAU, MANUEL 888 B. |                                 |  |   |  |  | re ,  | GORAL GABLES FL 33134<br>Micone, PL 33131  |                                 |
| PST   | FERNANDEZ RODRIGUEZ, MAN  |                                 |  |   | 881 PONCE DE LEON #701-<br>888 Brickell Ave.                         |  |   | CORAL GABLES FL 33134<br>Microse, PL 33131 |                                 |
| DV  | FERNANDEZ ALFAU, JOSE DE JESUS  |                                 |  | 901 PONCE DE LEON #701<br>888 Brickell Ave. |  |  | tve.  | CORAL CABLES FL 33134<br>Micmi, PL 33131   |                                 |
|   | :   | -                               |  |   | ,  |  | 80  | 0003142<br>-02/22/001<br>****300.00        | 9782<br>01053016<br>*****300.00 |
| ٠,  | .  <br>.  <br>.   |                                 |  |   |  |  |   | 99-00                                      | TS AR                           |
| 8. Name and Address of Current Registered Agent   |   |                                 |  |   |  | 9. Name and Address of New Registered Agent  |   |  |                                 |
| C. India dua Mariasa di Astrone regioni est 18419 |   |                                 |  |   |  | Name .   |   |  |                                 |
|   | DEDDO 0   | ,                               | ,  |   |  |  |   |  |                                 |
| SAEZ PEDRO P<br>                                  |   |                                 |  |   | -Street Address (P.O. Box Number is Not Acceptable) 888 Brickell Ave |  |   |  |                                 |
| SUITE 701   |   |                                 |  |   |  | Suite, Apt. #, Etc. 5th Floor  |   |  |                                 |
| CORAL GABLES FL 33134                             |   |                                 |  |   | Micmi State Zip Code FL 33/3/  |  |   |  |                                 |
| 10. I, beir                                       | ng appointed t  | he registered agent of the abo  | ve named corpo   | oration, am                                 | familiar wi  | ith and accept the o   | bligations of Secti   | ion 607.0505, F.S.                         | ,                               |
| Signature<br>Registered                           | of<br>d Agent   | SIGNA                           | TYPE   |   |  | URED   |   | Date                                       | 22/99                           |
| -   | •   | l pr                            | CITTEDED/AR  | ENT-MIST                                    | 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 reinstalement 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

12/28/99 Date

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

### SÁEZ LEÓN URDANETA CALZADILLA & PÉREZ-BURELLI

AN INTERNATIONAL LAW FIRM

PEDRO P. SÁEZ ALBERTO A. LEÓN†‡ JUAN VICENTE URDANETA\*

OF COUNSEL: GEORGE T. RAMANI, P.A. IVAN A. GOMEZ, P.A.†† MARCELL FELIPE 888 BRICKELL AVENUE FIFTH FLOOR MIAMI, FLORIDA 33131

TEL (305) 358-0028 FAX (305) 358-4277 VENEZUELA OFFICE: ADOLFO A. CALZADILLA\*\* PEDRO LUIS PÉREZ-BURELLI\*\*

\*FOREIGN LEGAL CONSULTANT
NOT ADMITTED TO PRACTICE LAW IN FLORIDA
\*\*ADMITTED ONLY IN VENEZUELA
†REGISTERED PATENT ATTORNEY
\*ALSO ADMITTED IN NEW MEXICO
†+CERTIFIED TAX ATTORNEY

January 18, 2000

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Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: JOEL INTERNATIONAL CORP.

Dear Sir or Madam:

The undersigned is counsel and registered agent for the above named corporation. We have been advised that the corporation has been involuntarily dissolved due to failure to timely file its 1999 corporate annual report. We hereby respectfully request that the reinstatement fee be waived for the reasons set forth below.

The annual report form for this corporation was mailed to an obsolete address which was the former address of the registered agent through the calendar year 1997. Since that date, this corporation has filed its 1998 annual report on which the change of address of the corporation's principal place of business was noted. However, no such change was made in the records of the Department and the post office no longer forwards mail addressed to the old location. The corporation has not previously requested a reinstatement fee waiver.

Accordingly, we are hereby forwarding to you the Application for Reinstatement along with our client's check in the amount of \$150.00 payable to the Florida Department of State to cover the regular annual report fee. Please be sure to make all necessary address corrections so that we can be sure to file the 2000 corporation annual report in a timely manner. Thank you for your cooperation.

Very truly yours,

Pedro P. Saez, Esq.

PPS:xx Enclosure

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