PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS						F (L E D) 04 JUL 13 PM 12: 57				
DOCUMENT # P02000065066  1. Corporation Name  NAGAMUNDO INTERNATIONAL, INC.						SE TAL	CRETARY OF LAHASSEE. I	STATE FLORIDA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Office Address orthwest 7 Street	3. Mailing C	3. Mailing Office Address			IST	ATEME	NTQ	3 -04	
Suite, Apt. 4 Ste. 182		Suite, Apt. #,	Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 06/12/2002					
City & State Miami, I		City & State	City & State		<b>5.</b> FEI Numbe 42-15429	r	00112000	Appli	ed For pplicable	
Zip 33126	Country	Zip		Country	6. CERTIFICATE OF STATUS DESIRED			Additional Fe a Certificate o		
7. Name and Address of Current Registered Agent										
-	Name Sergio Benitez  Street Address (P.O. Box Number is Not Acceptable) 5727 Northwest 7 Street  Suite, Apt. #, Etc. Ste. 182									
	City Miami				State Zip Code FL 33126			_		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607,0505 or 617,0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN									CB2E081 (01/04)	
9. Names	and Street Addresses of Each	Officer and/or Director (Fig	orida nonprol	fit corporations must list at le	ast 3 directors)					
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip				
PSTD	Sergio Benitez	5727 NW 7 St. Ste. 182			Miami, Fl 33126					
					07/2	<del>001</del> 8/04-	<del>939542</del> 0104200	:770 5 **30	0.00	
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10. 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 filling 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: 07/09/2004 305-332-6162										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #										

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TO: DIVISION OF CORPORATION P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED OUR ANNUAL REPORT FORM FOR THE YEARS OF 2003 & 2004 FROM YOUR OFFICE TO PAY THE UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

SERGIO BENITEZ

DIRECTOR