

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

APPLICATION  
FOR  
REINSTATEMENT

**FILED**

98 MAY 29 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PA60000049341  
1. Corporation Name  
EXPOGLOBE INTERNATIONAL, INC.

Mailing Address Principal Place of Business  
10210 NW. 57th. STREET  
MIAMI, FL. 33178

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable		3. New Principal Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		June 10, 1996	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0672500	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	MANUEL CEVALLOS	10210 NW. 57th. St.	MIAMI, FL. 33178
T/S	DEA CEVALLOS	10210 NW. 57th. St.	MIAMI, FL. 33178
V	KELLY ROSS	2810 MEDILL PLACE	LOS ANGELES, CA. 90064
			500002548935--7 -06/05/98--01068--012 ****900.00 ****900.00

**REINSTATEMENT**

*J.S. G/T*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MANUEL CEVALLOS  
10210 NW 57th. St.  
MIAMI, FL. 33178

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	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 5/26/98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box  (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

13. I do hereby 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]* MANUEL CEVALLOS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/98 305)594-1999  
Date Daytime Phone #

CR2040 (6-94)