

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

98 DEC 29 AM 8:55

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000054348**

1. Corporation Name

**CURVEL INTERNATIONAL CORP.**

Principal Place of Business

901 PONCE-DE-LEON BLVD.  
 SUITE 701  
 CORAL GABLES, FL 33134

Mailing Address

901 PONCE-DE-LEON BLVD.  
 SUITE 701  
 CORAL GABLES, FL 33134



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

2. New Principal Office Address, If Applicable

~~1351 NE MIAMI GARDENS DR~~  
 Suite, Apt. #, etc.  
 City & State  
**APT. 212 E**  
 NORTH MIAMI BEACH, FL  
 Zip  
**33179**  
 U.S.A

3. New Mailing Office Address, If Applicable

~~1351 NE MIAMI GARDENS DR~~  
 Suite, Apt. #, etc.  
 City & State  
**APT. 212 E**  
 NORTH MIAMI BEACH, FL  
 Zip  
**33179**  
 U.S.A

4. Date Incorporated or Qualified To Do Business in Florida

**06/26/1996**

5. FEI Number

**65-0735414**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MARTINS, IVO C	901 PONCE-DE-LEON BLVD SUITE 70 <del>1351 NE MIAMI GARDENS DR</del>	CORAL GABLES, FL 33134 <del>NMB, FL 33179</del>
			100002733511-3 -01/07/93-01080-018 ****750.00 ****750.00
<b>REINSTATEMENT 98</b>			
<b>B 12/30/98</b>			

8. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H  
 901 PONCE-DE-LEON BLVD.  
 SUITE 701  
 CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name  
**Zuleide Britto da Silva**  
 Street Address (P.O. Box Number is Not Acceptable)  
~~1351 NE MIAMI GARDENS DR~~  
 Suite, Apt. #, Etc.  
**apt. 212 E**  
 City  
**NORTH MIAMI BEACH**  
 State  
**FL**  
 Zip Code  
**33179**

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

**REQUIRED**

Date **12.25.98**

**Zuleide Britto da Silva** REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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)(f), 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**IVO C. MARTINS**

**12.25.98** (305)931-9526  
 Date Daytime Phone #