

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

00 OCT 17 PM 2:35

DOCUMENT # P96000057514

1. Corporation Name OTENEV CORPORATION

Principal Place of Business Mailing Address 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131



09-13-00 90014 049 \$550.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida 07/08/1996 5. FEI Number APPLIED FOR 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for MASSI, ARIIVALDO and HABER, ROBERT M.

Handwritten signature/initials

8. Name and Address of Current Registered Agent FREEMAN, STEPHEN A 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131

9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code

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 REGISTERED AGENT MUST SIGN Date 10/13/00

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 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: ASSISTANT Secretary 10/13/00 (305) 374 3800

CR2E040 (8/00)

Form **SS-4**

### Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0023

(Rev. February 1998)  
Department of the Treasury  
Internal Revenue Service

▶ Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)  
**Otenev Coporation**

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)  
**520 Brickell Key Drive Q-305**

4b City, state, and ZIP code  
**Miami, FL 33131**

5a Business address (if different from address on lines 4a and 4b)

5b City, state, and ZIP code

6 County and state where principal business is located  
**Miami-Dade, FL**

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶

8a Type of entity (Check only one box.) (see instructions)  
Caution: If applicant is a limited liability company, see the instructions for line 8a.

Sole proprietor (SSN) \_\_\_\_\_

Partnership  Personal service corp.

REMIC  National Guard

State/local government  Farmers' cooperative

Church or church-controlled organization

Other nonprofit organization (specify) ▶ \_\_\_\_\_ (enter EIN if applicable)

Other (specify) ▶ **Corporation**

Estate (SSN of decedent) \_\_\_\_\_

Plan administrator (SSN) \_\_\_\_\_

Other corporation (specify) ▶ \_\_\_\_\_

Trust

Federal government/military

8b If a corporation, name the state or foreign country (if applicable) where incorporated  
State: **Florida** Foreign country: \_\_\_\_\_

9 Reason for applying (Check only one box.) (see instructions)

Started new business (specify type) ▶ \_\_\_\_\_

Banking purpose (specify purpose) ▶ \_\_\_\_\_

Changed type of organization (specify new type) ▶ \_\_\_\_\_

Purchased going business

Created a trust (specify type) ▶ \_\_\_\_\_

Other (specify) ▶ \_\_\_\_\_

Hired employees (Check the box and see line 12.)

Created a pension plan (specify type) ▶ \_\_\_\_\_

10 Date business started or acquired (month, day, year) (see instructions)  
**7/8/96**

11 Closing month of accounting year (see instructions)  
**12/31**

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural:  Agricultural:  Household:

14 Principal activity (see instructions) ▶ **Real Estate Holding**  Yes  No

15 Is the principal business activity manufacturing? (If "Yes," principal product and raw material used)  Yes  No

16 To whom are most of the products or services sold? Please check one box.

Public (retail)  Other (specify) ▶ \_\_\_\_\_  Business (wholesale)  N/A

17a Has the applicant ever applied for an employer identification number for this or any other business?  Yes  No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶ \_\_\_\_\_ Trade name ▶ \_\_\_\_\_

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (month, day, year): \_\_\_\_\_ City and state where filed: \_\_\_\_\_ Previous EIN: \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)  
**(305) 374-3800**  
Fax telephone number (include area code)  
**(305) 374-1156**

Name and title (Please type or print clearly.) ▶ **Ariovaldo Massi, President**

Signature ▶  Date ▶ \_\_\_\_\_

Note: Do not write below this line. For official use only.

Please leave blank ▶	Qcc.	Ind.	Class	Size	Reason for applying
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# FREEMAN, BUTTERMAN, HABER & ROJAS, LLP.

ATTORNEYS AT LAW

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\* Also admitted in New York  
\*\* Only admitted in New York  
\*\*\* Also admitted in Brazil

October 13, 2000

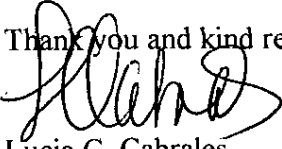
Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

*Re: Otenev Corporation*

On October 12<sup>th</sup>, 2000 we received a **Notice of Administrative Dissolution or Revocation** for the above referenced corporation. Please note that the Uniform Business Report for this corporation was filed on September 7<sup>th</sup>, 2000 and sent along with the annual maintenance including the penalty of \$550.00 (check #2597). The Federal Employment Identification Number was applied for in September, but to date we have not received the number nor have we received any correspondence from yourselves or the Internal Revenue Service.

Pursuant to my telephone conversation of today with the Florida Department of State, please find enclosed the Notice of Dissolution duly signed and a copy of the SS4 form. For your information I have sent a fax to the Internal Revenue Service re-applying for the FEI Number.

I hope this information is of help to you. Should you have any questions in reference to this matter, please do not hesitate to contact me.

Thank you and kind regards,  
  
Lucia C. Cabrales  
Corporate Account Manager