

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p><b>APPLICATION FOR REINSTATEMENT</b></p>	<p>FLORIDA DEPARTMENT OF STATE                  Jim Smith                  Secretary of State                  DIVISION OF CORPORATIONS.</p>	<p>DO NOT WRITE IN THIS SPACE  <b>FILED</b>                  SECRETARY OF STATE                  DIVISION OF CORPORATIONS                    00 NOV 30 PM 1:22</p>
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Read Instructions on Other Side Before Making Entries  
**Make Check Payable To: Department of State**

<p>1. Name and Mailing Address of Corporation: <b>DOCUMENT # P98000066252</b></p> <p><b>MATRIX INTERNATIONAL GROUP, INC.</b>                  c/o Roth, Rouso &amp; Benjamin, P.A.                  9350 S. Dixie Highway - PH2                  Miami, Florida 33156</p>	<p>2. If Address in Block 1 is incorrect in any way, enter the correct address below:</p> <p>Address <b>Lisette Pie Salazar, P.A.</b>  <b>1390 Brickell Ave, Suite 200</b>                  City and State <b>Miami, Florida</b> Zip Code <b>33131</b></p> <p>3. If Principle Office Address is different from mailing address, enter address below:</p> <p>Address _____                  City and State _____ Zip Code _____</p>
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4. Date Incorporated or Qualified To Do Business in Florida <b>July 28, 1998</b>	5. FEI Number <b>650855420</b>	FEI Number Applied For _____	6. <b>\$8.75 Additional Fee required for a Certificate of Status</b>
		FEI Number Not Applicable <input type="checkbox"/>	CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>

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
DPS	Horacio Castro, Carlos	1390 Brickell Avenue Suite 200	Miami, Florida 33131
DVT	Michelli, Ricardo	1390 Brickell Avenue Suite 200	Miami, Florida 33131
REINSTATEMENT 00			
600003493386--5 12/11/00-01039-023 ***750.00 ***750.00			

<b>REGISTERED AGENT INFORMATION</b>	9. If changed, new registered agent / office
8. Name and Address of Current Registered Agent  <b>Roth, Rouso &amp; Benjamin, P.A.</b> 9350 S. Dixie Highway - PH2 Miami, Florida 33156	Name <b>Lisette Pie Salazar, P.A.</b>
	Street Address (Do NOT Use P.O. Box Number) <b>1390 Brickell Avenue, Suite 200</b>
	Street Address (Do NOT Use P.O. Box Number) _____
	City <b>Miami</b> State <b>FL.</b> Zip <b>33131</b>

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 \_\_\_\_\_ Date **11-29-00**  
 REGISTERED AGENT MUST SIGN

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 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 of Officer or Director \_\_\_\_\_ Date **11-29-00** Daytime Phone # **(305) 371-5540**