

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

99 NOV -8 PM 1:40

DOCUMENT # P98000073063

1. Corporation Name

BABYLON 2000, INC.

Principal Place of Business

Mailing Address

~~710 WASHINGTON AVENUE
SUITE 5
MIAMI BEACH FL 33139~~

~~710 WASHINGTON AVENUE
SUITE 5
MIAMI BEACH FL 33139~~



REINSTATEMENT 99

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

08/20/1998

Suite, Apt. #, etc.
1446 Washington Avenue

Suite, Apt. #, etc.
1446 Washington Avenue

5. FEI Number
65-0856919

Applied For

Not Applicable

City & State
Miami Beach, FL

City & State
Miami Beach, FL

Zip 33139 Country USA

Zip 33139 Country USA

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	FORMICA, GIUSEPPE	710 WASHINGTON AVENUE, SUITE #5	MIAMI BEACH FL 33139
N/P	Fabio Cao	1446 Washington Avenue	Miami Beach, FL 33139

800003047148--8
-11/17/99--01054--012
****758.75 ****758.75

[Handwritten signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~FINLEY, CHANDLER RESO.~~ Fabio Cao
710 WASHINGTON AVENUE 1446 Washington Avenue
SUITE 5 Miami Beach, FL 33139
MIAMI BEACH FL 33139

Name Fabio Cao
Street Address (P.O. Box Number is Not Acceptable) 1446 Washington Avenue
Suite, Apt. #, Etc.

City Miami Beach State FL Zip Code 33139

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

[Handwritten signature]
REGISTERED AGENT MUST SIGN

Date 11-1-99

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:

[Handwritten signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Fabio Cao, Manager/President

11-1-99 305-674-3344
Date Daytime Phone #

CR20200 (8/98)