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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUL -3 AM 9 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000002240

1. Corporation Name
TELEVEN INTERNATIONAL CORPORATION

2. Principal Office Address 2665 S. Bayshore Drive		3. Mailing Office Address 2665 S. Bayshore Drive	
Suite, Apt. #, etc. Suite 703		Suite, Apt. #, etc. Suite 703	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33133	Country USA	Zip 33133	Country USA

700021299417
07/03/03--01050--002 **450.00

4. Date Incorporated or Qualified To Do Business in Florida 01/08/99

5. FEI Number Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name World Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable) 2665 S. Bayshore Drive

Suite, Apt. #, Etc. Suite 703

City Miami State FL Zip Code 33133

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	OMAR CAMERO ZAMORA	2665 S. Bayshore Drive, #703	Miami, Florida 33133
D/VP	OMAR GERARDO CAMERO ALVAREZ	2665 S. Bayshore Drive, #703	Miami, Florida 33133
D/S/AS	MARTIN CAMERO ALVAREZ	2665 S. Bayshore Drive, #703	Miami, Florida 33133

01-03 UBR

TS

10. 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E081 (10/02)

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June __, 2003

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Attn: Reinstatement Division

Re: Televen International Corporation, a Florida corp. (the "Company")

Dear Sir or Madam:

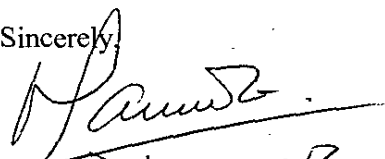
As our office advised your department, the Company never received the Annual Report the 2001 calendar year. Thus, we respectfully request that the Company be reinstated and that the reinstatement penalty fee be waived.

In accordance with the instructions received, enclosed herewith please find the following in order to reinstate the Company with the Florida Secretary of State:

1. State of Florida Application For Reinstatement; and
2. Check no. 60600 payable to the Secretary of State in the amount of \$450.00 to cover the Filing Fee of \$150.00 for the 2001, 2002 and 2003 calendar year.

Your assistance in this matter is greatly appreciated.

Sincerely,


DIRECTOR