

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1062

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

COMM 18 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98-99AR

DOCUMENT # S 80742

1. Corporation Name
OPUS INSTRUMENTS, INC

Principal Place of Business Mailing Address
10050 NW 116th WAY #11
MEDLEY, FLORIDA 33178

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

2. New Principal Office Address, If Applicable
10050 NW 116 Way
Suite, Apt. #, etc. 11
City & State MEDLEY FLORIDA
Zip 33178 Country USA

3. New Mailing Office Address, If Applicable
SAME AS 2
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 9/17/91
5. FEI Number 65-0294633 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
PRES	ARNALDO GHERSI	361 Coconut Circle	WESTON, FLORIDA 33326

200002819072--4
-03/26/99--01004--008
****300.00 ****300.00

8. Name and Address of Current Registered Agent

GLINSKY, Michael
169 EAST FLAGLER ST. #1518
MIAMI, FLORIDA 33131

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 3/12/99

11. This corporation owes 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)(c), 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: Arnaldo Ghersi (ARNALDO GHERSI)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/12/99 Daytime Phone # 305 3589466

CPY509712 991

AS 2

March 12, 1999

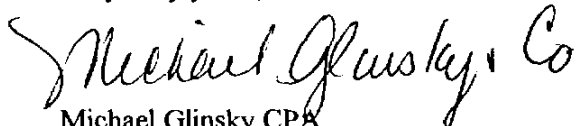
Florida Department of State
Division of Corporations
Department of Reinstatement
Tallahassee, Florida

Gentlemen:

We were in shock yesterday when we called you regarding that we have not received this years Annual Report and we were told that we had not filed the 1998 Annual Report and that we were delinquent. You told us that the 1998 Annual Report went to an address in Coral Gables which we moved out of but we left a forwarding address yet, we never received the Annual Report. We never have any intention not to file nor pay for the Annual Report. We have been filing since 1991 without any problems.

We respectfully request you to reinstate us without penalty. Enclosed please find a check for the 1998 and 1999 Annual Report.

Very truly yours,



Michael Glinsky CPA
169 East Flagler Street, Suite #1518
Miami, Florida 33131
(305) 358-4466

Corporation: Opus Instruments, Inc.
Document # S80742