CORP.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 11 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000035020

1. Corporation Name

1350 BRISTOL, INC

Principal Place of Business / Mailing Address

21000 NE 28 AVE
SUITE 214
AVENTURA, FL 33180

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

REINSTATEMENT 96

DO NOT WRITE IN THIS SPACE

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

4. Date Incorporated or Qualified To Do Business in Florida: 5/10/94

5. FEI Number: [X] 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	MAURIZIO CAVALIERI	21000 NE 28 AVE SUITE 214	AVENTURA FL 33180
			600002028006--5 -12/12/96--01108--006 ****375.00 ****375.00
			JB 12-11-96

8. Name and Address of Current Registered Agent

ROBERT SMOLEY
21000 NE 28 AVE
SUITE 214
AVENTURA, FL. 33180

9. Name and Address of New Registered Agent

Name: MAURIZIO CAVALIERI
Street Address (P.O. Box Number is Not Acceptable): 21000 NE 28 AVE
Suite, Apt. #, Etc.: SUITE 214
City: AVENTURA State: FL Zip Code: 33180

CR2E040 (12/95)

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: X [signature] Date: 12-10-96
MAURIZIO CAVALIERI
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X] (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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: X [signature] MAURIZIO CAVALIERI 12-10-96 305-932-6240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #