

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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FILED

97 FEB -7 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000030995

1. Corporation Name

RONITA INVESTMENTS, INC., A Florida Corporation

Mailing Address

Principal Place of Business

REINSTATEMENT 96+97  
mwb

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

~~20 MARSELA BLANDON PRUDENTIAL SECURITIES~~

3. New Principal Office Address, if Applicable

400 So. Pointe Drive

4. Date Incorporated or Qualified To Do Business in Florida

APRIL 20<sup>th</sup>, 1995

Suite, Apt. #, etc.

200 So. BISCAYNE BLVD. #3200

Suite, Apt. #, etc.

# 805

5. FEI Number

65-0591568

Applied For

Not Applicable

City & State

MIA, FL

City & State

MIAMI BEACH, FL

Zip

33131

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)

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
P.S.D	IRENE VON DELLINGSHAUSEN	AV. EPITACIO PESSOA.100 Apt # 401	RIO DE JANEIRO BRAZIL
VPT,D	CLAUDIA SINGERY FERRAZ	AV. EPITACIO PESSOA.100 Apt # 401	RIO DE JANEIRO BRAZIL
			100002085151--4 -02/12/97--01064--013 ****183.75 ****183.75
			100002085151--4 -02/12/97--01064--014 ****365.00 ****365.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
M. CRISTINA DEL-VALE

Street Address (P.O. Box Number is Not Acceptable)  
801 BRACKSOL AVENUE

Suite, Apt. #, Etc.  
Suite # 1901

City  
MIA

State  
FL

Zip Code  
33131

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 2/6/97

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
Irene von Dellingshausen

Date

1/22/97 - 305 374 7700

Daytime Phone #

CFR2040 (6/94)