PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 89-90

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

APPROVED AND FILED

99 JUL 23 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K54799

1. Corporation Name

Rochette Investments, Inc.

Principal Place of Business | Mailing Address

100002950621--8
-08/04/99--01075--020
***1992.50 ***1992.50

REINSTATEMENT 89-990 7/22/99

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
C/O Aballi, Milne, et al.	C/O Aballi, Milne, et al.
Suite, Apt. #, etc. One S.E. 3rd Ave. #1980	Suite, Apt. #, etc. One S.E. 3rd Ave. #1980
City & State Miami, Florida	City & State Miami, Florida
Zip 33131 / Country USA	Zip 33131 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/22/88

5. FEI Number: [ ] Applied For [X] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — $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	Federico C. Alvarez	One S.E. 3rd Ave. #1980	Miami, FL 33131
D	Carmen Alvarez	One S.E. 3rd Ave. #1980	Miami, FL 33131
D	Jean A. Leroux	18151 N.W. 82nd Ave.	Hialeah, FL 33015

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Bernard Marcus, Esq. 4184 Ingraham Highway Coconut Grove, FL 33131	Name: AMKGS Registered Agents, Inc. Street Address (P.O. Box Number is Not Acceptable): 1980 Suntrust International Center Suite, Apt. #, Etc: One Southeast Third Avenue City: Miami State: FL Zip Code: 33131

CR2E040 (12/96)

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 _____ Date 7/22/99
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 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: _____ 7/22/99 (305) 373-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Federico C. Alvarez, Director