

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # 461968

1. Corporation Name
KLEIDE CORPORATION

FILED
99 NOV -3 PH 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1919 Bay Drive Miami Beach, FL 33140 1274 NE Quayside Terrace Miami, FL 33138

REINSTATEMENT 099

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

2. Old Principal Office Address, If Applicable One S.E. Third Avenue	3. New Mailing Office Address, If Applicable One S.E. Third Avenue	4. Date Incorporated or Qualified To Do Business in Florida
Suite # 5 th Floor	Suite, Apt. # 15 th Floor	5. FEI Number 59-1560893
City & State Miami, FL	City & State Miami, FL	Applied For Not Applicable
Zip 33131 Country USA	Zip 33131 Country USA	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> SR 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	Alberto Deller	Casilla 2036	Quito, ECUADOR
V	Frida Deller	Casilla 2036	Quito, ECUADOR
T	Pierre Deller	Casilla 2036	Quito, ECUADOR
S	Michel Deller	Casilla 2036	Quito, ECUADOR
S	Helen de Beitsch	Casilla 2036	Quito, ECUADOR
			LS

8. Name and Address of Current Registered Agent

Douglas S. Miska
c/o Gator Investment
2250 N.E. 163rd Street #6
No. Miami Beach, FL 33160

9. Name and Address of New Registered Agent

Name
Francisco J. Martin, C.P.A. c/o Berkowitz Dick Pollack & Brant
Street Address (P.O. Box Number is Not Acceptable)
One S.E. Third Avenue
City Miami
State FL
Zip 33131
Phone 305-373-9448
Date 11/03/99

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 Francisco Martin Date 11/2/99
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 (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: Alberto Deller Date 11/2/99 Daytime Phone # 305/373-9448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20040 (12/98)