

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<p>APPLICATION FOR REINSTATEMENT</p> <p style="text-align: center;"> FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS </p>		<p>AND FILED</p> <p>97 NOV 12 PM 2:46</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																																	
<p>DOCUMENT # 514031 (4)</p> <p>1. Corporation Name OVERSEAS NATIONAL PURCHASING CORP.</p>		<p>REINSTATEMENT 97</p> <p>DO NOT WRITE IN THIS SPACE</p>																																	
<p>Mailing Address 6984 NW 42 Street MIAMI, FLORIDA 33166</p>				<p>Principal Place of Business 6984 NW 42 Street MIAMI, FLORIDA 33166</p>																															
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p> <p>2. New Mailing Address, If Applicable 6984 NW 42 Street Suite, Apt. #, etc.</p>				<p>3. New Principal Office Address, If Applicable 6984 NW 42 Street Suite, Apt. #, etc.</p>																															
<p>City & State MIAMI, FLORIDA</p> <p>Zip Country</p>				<p>City & State MIAMI, FLORIDA</p> <p>Zip Country</p>																															
		<p>4. Date Incorporated or Qualified To Do Business in Florida 10/11/1976</p>																																	
		<p>5. FEI Number 59-1696076</p>																																	
		<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																																	
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Title(s)</th> <th style="width:30%;">Name of Officers and/or Directors</th> <th style="width:30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width:30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PD</td> <td>GUERRA, GERALD</td> <td>10320 SW 139th Street</td> <td>MIAMI, FLORIDA 33176</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	PD	GUERRA, GERALD	10320 SW 139th Street	MIAMI, FLORIDA 33176																								
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<p>8. Name and Address of Current Registered Agent</p> <p>GUERRA, GERALD F. 6984 NW 42 STREET MIAMI, FLORIDA 33166</p>		<p>9. Name and Address of New Registered Agent</p> <p>Name _____</p> <p>Street Address (P.O. Box Number is Not Acceptable) _____</p> <p>Suite, Apt. #, Etc. _____</p> <p>City _____ State FL Zip Code _____</p>																																	
<p>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.</p> <p>Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 11-5-97</p>																																			
<p>11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)</p>																																			
<p>12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)</p>																																			
<p>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.</p> <p>SIGNATURE: 11-5-97 (305) 225-1492</p> <p style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>																																			

CPRE040 (5/94)