

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

99 NOV -1 PM 5:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 843320

1. Corporation Name

KARISMA INTERNATIONAL, N.V., INC.

Principal Place of Business

7311 N.W. 12 ST.  
SUITE 11  
MIAMI FL 33126

Mailing Address

7311 N.W. 12 ST.  
SUITE 11  
MIAMI FL 33126



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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/24/1979

5. FEI Number

50-1968116

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
S	MEIER, WERNER E. C.	7311 NORTHWEST 12 ST #11	MIAMI FL
VT	NICOLINI, JOSE	7311 N.W. 12 ST. #11	MIAMI FL
V	PESCHERA, CESAR	7311 N.W. 12 ST. #11	MIAMI FL

REINSTATEMENT

8. Name and Address of Current Registered Agent

MEIER, WERNER E. C.  
7311 NORTHWEST 12TH STREET  
SUITE 11  
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State FL Zip Code

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

REGISTERED AGENT MUST SIGN

Date OCT 28. 1999

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OCT 28. 1999 (305) 361 5646