

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

1002  
**FILED**

02 DEC -2 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F01000003896**

1. Corporation Name  
**F-T-B INTERNATIONAL CORP.**

Principal Place of Business Mailing Address  
26 BROADWAY - SUITE 900 26 BROADWAY - SUITE 900  
NEW YORK NY 10004-1896 NEW YORK NY 10004-1896



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  
Suite, Apt. #., etc. Suite, Apt. #., etc.  
City & State City & State  
Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **07/24/2001**  
5. FEI Number **13-2788450** 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	BUTLER, THOMAS	26 BROADWAY - SUITE 900	NEW YORK NY 10004
V	VERZONI, RENATO	26 BROADWAY - SUITE 900	NEW YORK NY 10004
S	PISANO, MARIA	26 BROADWAY - SUITE 900	NEW YORK NY 10004
CD	BRANDONE, FERNANDA T	C/O TRANSPART SRL, CORSO SEMPION	MILAN, ITALY 20145

8. Name and Address of Current Registered Agent  
**UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD., SUITE 508  
MIAMI FL 33156**

9. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
**FL**

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. or 617.0505, F.S.  
Signature of Registered Agent *Michael Carr* REGISTERED AGENT MUST SIGN Date **11/7/02**

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: *Maria Pisano* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **11/7/02** Daytime Phone # **20-514-5400**

CR2E040 (8/02)

F-T-B INTERNATIONAL CORP.  
26 Broadway - Suite 900  
New York, NY 10004

*cat*

November 5, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Application for Reinstatement for F-T-B INTERNATIONAL CORP.  
Your document # F01000003896

Dear Madam/Sir:

Please be advised that F-T-B INTERNATIONAL CORP. did not receive the two (2) prior uniform business report notices as required by law. Accordingly, we kindly request that you waive the reinstatement fee in connection with the filing of the enclosed Application for Reinstatement.

Thank you for your kind attention to this request.

Very truly yours,

F-T-B INTERNATIONAL CORP.

By: *Maria Pisano*

Name: Maria Pisano

Title: Secretary