

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 14 PM 12:05

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
NEW YORK NY 10004-1896

26 BROADWAY - SUITE 900
NEW YORK NY 10004-1896

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



100024723131
11/14/03--01079--022 **158.75

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/24/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-2788450

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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
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

REINSTATEMENT *TS*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., SUITE 508
MIAMI FL 33156

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. or 617.0505, F.S.

Signature of Registered Agent

Michael Barr, President

Date

11/1/03

REGISTERED AGENT MUST SIGN

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

10/16/03

Daytime Phone #

212-514-5400



FTB
international
corp.

26 broadway
suite 900
new york
n.y. 10004

tel. 212-514-5400
fax. 212-514-8924

October 16, 2003

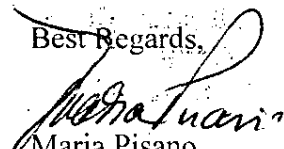
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Uniform Business Report
FEI Number 13-2788450
Document Number F01000003896

To Whom It May Concern:

I am submitting this letter to inform you that my company FTB International Corp. never received the Uniform Business Report form. The only notice we received was the notice of administrative dissolution or revocation. I have enclosed a check and the reinstatement form completed and signed by my self and our Agent (United Corporate Services, Inc.) We humbly request that the penalty and reinstatement fees be waived. If you require any further information please contact me at the above address.
I appreciate your attention to this matter.

Best Regards,


Maria Pisano
Secretary