


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 97 JUN -6 AM 11:50
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # F78935

1. Corporation Name
INTERNATIONAL SALES - CARIBBEAN CORP.

Principal Place of Business 2200 Corporate Blvd., N.W. Suite 401 Boca Raton, FL 33431	Mailing Address 2200 Corporate Blvd., N.W. Suite 401 Boca Raton, FL 33431
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96-97
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2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 4/22/82
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 592207287
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Hunt, Robert J.	2200 Corporate Blvd., N.W. Suite 401	Boca Raton, FL 33431
V	Eder, Robert W.	2200 N.W. 93rd Avenue	Miami, FL 33172

8. Name and Address of Current Registered Agent HCRM Corp. 2200 Corporate Blvd., N.W. Suite 401 Boca Raton, FL 33431	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
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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 **HCRM Corp.** *Robert J. Hunt VP* Date **6/3/97**
 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: *Robert J. Hunt President* **6/3/97** (561) 997-9223
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)