PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED DIJANIO PH 1:00
DOCUMENT #F9500002821 1. Corporation Name Amports International, Inc.		SECRETARY OF STATE TABLAHASSEE, FLORIDA
2. Principal Office Address 9117 San Mako-C Suite, Apt. #, etc. City & State Lavedo TX. Zip 78045 Country USA	3. Mailing Office Address 9117 San Mateo-C Suite, Apt. #, etc. City & State Laredo, TX Zip 78045 USA	4. Date Incorporated or Qualified To Do Business in Florida 6/12/95 SP 5. FEI Number 74-2.552077 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED S S875 Additional Fee required
7. Name and Address of Current Registered Agent		
Name Gerardo N. Gonzalez Street Address (P.O. Box Number is Not Acceptable) 2251 N.W. 93rd Aue Suite, And # Etc. City M. Camina FL 33172		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Titles Name of Officers and/or Directors	Street Address of Eacl Officer and/or Directo	
P. Rodulfo A. Duemichen 2251 N.W 93rd Ave Miani, FL 33172		
Gerardo N. Conzalez 2251 N.W. 93 Ave Miomi, FL. 33172		
V. Morio Rodrigue		C Laredo, TK 70045
Vir David N. Phel	ps . 4801 Wood way	Ste 1150 Houston, TK 77056
V/ Louie A. Hamil	ton 4801 Wrodway	Ste 115W Houston, TX 77056
 10. 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 Signa		
SIGNATURE AND TYPED OR PRINTED NAME OF STENING OFFICER OR DIRECTOR Date Daytime Phone #		

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