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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 NOV 21 AM 11:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # F95000003209

VIA PARIS INTERNATIONAL, INC.
848 Brickell Avenue, Suite 830
Miami, Florida 33131

REINSTATEMENT

2. If Address in Block 1 is Incorrect, enter correct address below:

Address

Zip Code

3. If Principle Office Address is different than previous address, enter address below:

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida: July 5, 1995

5. FEI Number: 22-3314197

FEI Number Applied For

FEI Number Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DC	Mahdi Ioualalen	20 Rue De St Petis Pourg 7500 8 Paris France 20, Rue de St Petersbourg 75008 PARIS - FRANCE	

300002012823--4
-11/22/96--01090--016
****375.00 ****375.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Miguel A. Martin
848 Brickell Avenue
Suite 830
Miami, Florida 33131

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City State: FL Zip

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 _____ Date 11/8/96

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [X] (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X] (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director _____ Date 18/11/96 Daytime Phone # (33) 01.44.69.96.10

Typed or printed name of signing officer or director Mr. Mahdi IOUALALEN

CR2E080 (6/96)