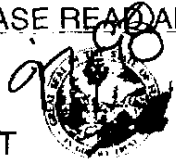


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
FILED

1998 FEB 13 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

APPLICATION
FOR
REINSTATEMENT

DOCUMENT # H61205

1. Corporation Name

DiMARCO & DiMARCO, INC.

Principal Place of Business Mailing Address

c/o Kimbrell & Hamann, P.A.
799 Brickell Plaza #900
Miami, FL 33131-2805

700002433057--6
-02/17/98--01073--006
****900.00 ****900.00
700002433057--6
-02/17/98--01073--007
*****8.75 *****8.75

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/10/1985	
City & State		City & State		5. FEI Number	
Zip		Country		59-2548118	
				Applied For	
				Not Applicable	
				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)

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
P	DiMARCO, CARMEN J.	Calle 65A No. 21A-43	Maracaibo, Venezuela
V	DiMARCO, FRANCESCO JOSE	Calle 65A No. 21A-43	Maracaibo, Vanazuela
V	DiMARCO, JENNY M.	Calle 65A No. 21A-43	Maracaibo, Venezulea
V/S/T	MARQUEZ, ELENA DiMARCO	7163 St. Andrews Road	Lake Worth, Florida

REINSTATEMENT

07-98
10-98
2/13/98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Resident Agents Corporation of Florida, Inc. 799 Brickell Plaza #900 Miami, FL 33131-2805		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.

Signature of Registered Agent: *Jan F. [Signature]* Date: 2/5/98

REGISTERED AGENT MUST SIGN *Resident Agents Corporation*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *[Signature]* Date: 2/9/98 (561) 641-1322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ELENA DiMARCO MARQUEZ Daytime Phone #

CR2E040 (1/98)