

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J35562		FILED 98 AUG 11 AM 10:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name CENTURY INTERNATIONAL INVESTMENTS, INC.			
Principal Place of Business 6500 N. ATLANTIC AVE. SUITE D & E CAPE CANAVERAL, FL 32920		Mailing Address	
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida		9/30/1986	
5. FEI Number		59-2730708	
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
1	SHARAD PATEL	4811 SPRINGWATER CIRCLE	MELBOURNE, FL 32940
2	NITA PATEL	4811 SPRINGWATER CIRCLE	MELBOURNE, FL 32940
			600002618276--0 -08/18/98--01007--015 ****908.75 ****908.75
			97-980 8/11/98
			REINSTATEMENT
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SHARAD PATEL 6500 N. ATLANTIC AVE, STE D & E CAPE CANAVERAL, FL 32920		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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 8/7/98	
REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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: SHARAD PATEL PRESIDENT		7/27/98 407-868-0560	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	