


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 <div style="display: inline-block; text-align: left;">CORPORATION REINSTATEMENT</div>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 00 DEC 14 PM 12: 58 SECRETARY OF STATE TALLAHASSEE, FLORIDA 200003505992--0 -12/19/00--01066--014 ****750.00 ****750.00	
DOCUMENT # K66805					
1. Corporation Name APS GROUP CORP.					
2. Principal Office Address 8100 S.W. 162nd PATH Suite, Apt. #, etc.			3. Mailing Office Address 8100 S.W. 162nd PATH Suite, Apt. #, etc.		
City & State MIAMI, FLORIDA 33193			City & State MIAMI, FLORIDA 33193		
Zip 33193	Country MIAMI DADE	Zip 33193	Country MIAMI DADE	4. Date Incorporated or Qualified To Do Business in Florida 02/14/89	
5. FEI Number 65-0149243				SP Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name ELIZABETH PAES DOS SANTOS					
Street Address (P.O. Box Number is Not Acceptable) 8100 S.W. 162nd PATH					
Suite, Apt. #, Etc.					
City MIAMI			State FL	Zip Code 33193	
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 <i>[Signature]</i>			Date 12/13/00		
REGISTERED AGENT MUST SIGN					
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 Each Officer and/or Director		City / State / Zip	
P	ELIZABETH PAES DOS SANTOS	8100 S.W. 162nd PATH		MIAMI, FLORIDA 33193	
VP	ALEXANDRE PAES DOS SANTOS	8100 S.W. 162nd PATH		MIAMI, FLORIDA 33193	
S	MARGARET PAES DOS SANTOS	8100 S.W. 162nd PATH		MIAMI, FLORIDA 33193	
T	HELENA PAES DOS SANTOS	8100 S.W. 162nd PATH		MIAMI, FLORIDA 33193	
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)(l), 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: <i>[Signature]</i>			12/13/00		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date	Daytime Phone #	