PI FASE BEAD	ALL INSTRUCTIONS BEFORE (COMPLETING THIS FORM
APPLICATION FOR SALE REINSTATEND	FLORIDA DEPARTMENT OF STATE Condition of the state Signature of the state Division of Corporations	-
DOCUMENT # K&3857	2	99 JAN -8 PM 4: 16
IPANEMA ENTERPRISES	CORPORATION	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business	Mailing Address	
141 NE 3rd Avenue Suite 800 Miami, FL 33132	"SAME"	
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 1000
Suite, Apt. #, etc.	Suite, Apt. #, etc.	1909
City & State	City & State	650113972 Applied For Not Applicable
Zip Country	Zip Country	6. CERTIFICATE CF STATUS DESIRED T S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/o	or Director (Florida nonprofit corporations must list at lea	ast 3 directórs)
Title(s) Name of Officers and/or Directors	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N	City / State / Zip
President Alceu Aragao	141 NE 3rd Avenue	
Secretary Wilma Aragao		
		5000027427850 -01/15/9901003012 *****150.00 *****150.00
		98-997 FIN-
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name		
Alceu Aragao 141 NE 3rd Avenue Suite 800 Miami, FL 33132	Street Addréss (F Šuítě, Apt. #, Etc. Cíty	P. Box Number is Not Acceptable) \$ 50002742785-0 \$
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		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No Ves No Ves No Ves		
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 hame 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: x Uchnishine P	Haga S Wilma Aragao TED NAME OF SIGNING OFFICER OR DIRECTOR	12/14/98 (305) 375-0608 Daytime Phone #

1.5



BRANCHES: Rio de Janelro (021) 2200227 Sao Paulo (011) 2841084

 Sao Paulo
 (011) 2841084

 Manaus
 (092) 2329711

 Belo Horizonte
 (031) 2754411

 Taiwan
 (02) 6942231

141 N.E. 3rd Ave. Suite 800 • Miami, Florida 33132 • Phone: (305) 375-0608 • Fax:(305) 375-0610

December 14, 1998

Department of State Divison of Corporations PO Box 6327 Tallahassee, FL 32314

To whom it may concern;

We are sending a check for \$150.00 to reinstate our corporation. We never received the annual report form for 1998. I spoke with your reinstate dept. and they accepted for me to send a total of \$150.00 due to the reason that the address was incorrect. We will make sure that for 1999 if we do not receive the annual report we will send the check with our information.

Thanking you in advance for your cooperation.

Sincerely OUR 2

Lourdes Leon / Ipanema Enterprises

ŧ