

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 # L38850

Corporation Name  
**ALDEMA INVESTMENT CORPORATION OF FLORIDA**

**FILED**  
99 NOV -3 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

913 NORMANDY DRIVE  
MIAMI, BEACH, FL 33141

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

1. New Principal Office Address, If Applicable One S.E. Third Avenue		3. New Mailing Office Address, If Applicable One S.E. Third Avenue		4. Date Incorporated or Qualified To Do Business in Florida 12/28/89	
5. FEI Number 65-0176005		Applied For		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		7. Additional Fee required for a Certificate of Status			

**REINSTATEMENT** 01509

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
DPS	Alberto Deller	Casilla 2036	Quito, ECUADOR
DVT	Frida Deller	Casilla 2036	Quito, ECUADOR
VP	Pierre Deller	Casilla 2036	Quito, ECUADOR
AS	Michel Deller	353 West 47 <sup>th</sup> Street	Miami Beach, FL
V	Helen Deller de Beitsch	Casilla 2036	Quito, ECUADOR

8. Name and Address of Current Registered Agent

Richard Wasserstein  
913 Normandy Drive  
Miami Beach, FL 33141

9. Name and Address of New Registered Agent

Name  
Francisco J. Martin, C.P.A. c/o Berkowitz Dick Pollack & Brant  
Street Address (P.O. Box Number is Not Allowed)  
One S.E. Third Avenue -11/09/99--01022--017  
City State Zip  
Miami FL 33131

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 Francisco J. Martin Date 11/2/99  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Alberto Deller Date 11/2/99 Daytime Phone # 305/373-9448  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR