

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV -3 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L54040

1. Corporation Name
ALDEMA MIAMI BEACH INVESTMENT CORPORATION

Principal Place of Business Mailing Address
10205 Collins Avenue 1274 NE Quayside Terrace
Miami, FL 33139 Miami, FL 33138

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

2. 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 3/01/90	
Suite Apt. # 15th Floor		Suite Apt. # 15th Floor		5. FEI Number 65-0176009	
City Miami, FL		City & State Miami, FL		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip 33131		Country USA		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>See 7b. Additional Fee required for a Certificate of Status.</small>	

REINSTATEMENT 97-019

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
D	Alberto Deller	Casilla 2036	Quito, ECUADOR
D	Frida Deller	Casilla 2036	Quito, ECUADOR
VP	Michel Deller	P.O. Box 2036	Quito, ECUADOR
T	Pierce Deller	P.O. Box 2036	Quito, ECUADOR
S	Helen de Beit Deller	P.O. Box 2036	Quito, ECUADOR

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Richard Waserstein 740-71 st Street Miami Beach, FL 33141	Name Francisco J. Martin, C.P.A. c/o Berkowitz Dick Pollack & Brant Street Address (P.O. Box Number is Not Acceptable) One S.E. Third Avenue Suite Apt. # 15 th Floor City Miami State FL Zip Code 33131
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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 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 11/2/99 305/373-9448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR