

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

97 FEB 25 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # M19494

1. Corporation Name  
INTERNATIONAL INVESTMENTS AND SERVICES INC.

Principal Place of Business Mailing Address  
999 Ponce de Leon Blvd.  
Suite #735  
Coral Gables, Florida 33134

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

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

0296-97

|  |         |                                       |         |  |  |
|--|---------|---------------------------------------|---------|--|--|
| 2. New Principal Office Address, If Applicable |         | 3. New Mailing Address, If Applicable |         | 4. Date Incorporated or Qualified To Do Business in Florida<br>8/16/85   |  |
| Suite, Apt #, etc.                             |         | Suite, Apt #, etc.                    |         | 5. FEI Number<br>59-2646379  |  |
| City & State                                   |         | City & State                          |         | Applied For<br>Not Applicable  |  |
| Zip  | Country | Zip                                   | Country | 6. CERTIFICATE OF STATUS DESIRED <input 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           |
|------------|-------------------------------------|---|--------------------------------|
| P/D        | Horacio Feraud                      | 999 Ponce de Leon Blvd.<br>Suite #735   | Coral Gables, Florida<br>33134 |
|            |                                     |   |                                |
|            |                                     |   |                                |
|            |                                     |   |                                |
|            |                                     |   |                                |

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-02/26/97-01016-004  
\*\*\*915.00 \*\*\*915.00

B. Name and Address of Current Registered Agent

George J. DeFabio  
2121 Ponce de Leon Blvd.  
Suite #430  
Coral Gables, Florida 33134

9. Name and Address of New Registered Agent

|  |
|--|
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| Suite, Apt. #, Etc.                                |
| City   |
| State<br>FL  |
| Zip Code   |

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  
*George J. DeFabio*  
REGISTERED AGENT MUST SIGN

Date 2/5/97

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *[Signature]*  
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 02/19/97  
Daytime Phone # (305) 460-2559

CR2E040 (12/95)