

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

98 JAN 26 AM 11:51

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **M 30570**
 1. Corporation Name **MULTISES, INC**
7819 NW 15th ST
MIAMI, FL 33126

Principal Place of Business Mailing Address
7819 NW 15th ST
MIAMI, FL 33126

REINSTATEMENT 95-98

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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-001250	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" 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	ANTONIO GIL FERNANDES BEZERRA	PRESIDENT AV. PRESIDENTE KENNEDY, 100	FORTALEZA, CE - BRASIL
S	ELISA M. GRADWOHL BEZERRA	SECRETARY AV. PRESIDENTE KENNEDY, 100	FORTALEZA, CE - BRASIL
T	WALTER R. O'GRADY CABRAL	TREASURER AV. PRESIDENT KENNEDY, 100	FORTALEZA, CE -
D	SERGIO S. FERREIRA	4596 ALTON ROAD MIAMI BEACH, FL	MIAMI BEACH, FL 33140
D	ANTONIO TEIXEIRA ROCHA	1465 NE 123 RD ST SUITE 609	NORTH MIAMI, FL 33161 200002415262-9 -01/28/98--01103--028 ***1200.00 ***1200.00

8. Name and Address of Current Registered Agent ANTONIO TEIXEIRA ROCHA		9. Name and Address of New Registered Agent	
		Name ANTONIO TEIXEIRA ROCHA	
		Street Address (P.O. Box Number is Not Acceptable) 1465 NE 123RD ST, SUITE 609	
		Suite, Apt. #, Etc. 609	
		City NORTH MIAMI	State FL Zip Code 33161

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: *[Signature]* REGISTERED AGENT MUST SIGN Date: _____

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: **ANTONIO T. ROCHA**
 Notary Public, State of Florida
 My Comm. Expires Aug. 18, 1998
 No. CC 401387
 Date: **01/13/98** Daytime Phone # _____

CR20040 (12/96)