

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION
 FOR
 REINSTATEMENT

FILED

97 JUN -9 AM 10:34

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **M57307**
 1. Corporation Name **BRAZILIAN FANTASIES, INC.**

Principal Place of Business Mailing Address
245 S.E. 1st Street Ste 434
Miami, FL 33141

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

2. New Principal Office Address, If Applicable 245 S.E. 1st St Suite, Apt. #, etc. 434		3. New Mailing Office Address, If Applicable (Same)		4. Date Incorporated or Qualified To Do Business in Florida 7/87	
City & State Miami, FL		City & State		5. FEI Number 65-0015216	
Zip 33134 Country USA		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
Pres.	Beliza Ruiz	1865-7957 SW 4th Miami Beach, FL 33141	Miami Beach, FL 33141
S/T	Rio Leita	1865-7957 SW 4th # 4N	Miami Beach, FL 33141
VP	Kristian Leita	Recife, Brazil	Recife Brazil
VP	Karla Leita Lundgren	Rio de Janeiro	Rio de Janeiro, Brazil

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AB 6-10-97

8. Name and Address of Current Registered Agent Beliza Ruiz 245 S.E. 1st St # 434 Miami, FL 33134 USA		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300002209469--3 Suite, Apt. #, Etc. 06/11/97-01121-000 ***1575.00 ***1575.00 City State FL Zip Code	
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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: **Beliza Ruiz** 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)(j), 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: **Beliza Ruiz** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **6/5/97** Daytime Phone # **3796006**

CFR2090 (12/96)