## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1	RPORATION ISTATEMENT	Se	DEPARTMENT OF STA ecretary of State on of corporations	TE	03 JUN - 5 PM 12: 54  SECRETARY OF STATE FALLARASSEE, FLORIDA	
1. Corpor	UMENT # N 0000 Pation Name  International, Inc	) <i>PO OP</i> (	894			
2. Principal Office Address 114 Thomas Road		3. Mailing Office Address				
Suite, Apt.	<del></del>	Suite, Apt. #, et	te, Apt. #, etc.			
<u> </u>					4. Date Incorporated or Qualified 02/10/2000 To Do Business in Florida	
City & State ্রীollywood, Florida		City & State			5. FEI Number Applied For	
Zip 33023	Country	Zip	Country		75-3085395 Not Applicable  6. CERTIFICATE OF STATUS DESIRED   \$8.75 Additional Fee required   for a Certificate of Status	
	<del></del>	7. Nar	me and Address of Current Re	gistere		
	Marlaine Alix					
	Marlaine Alix  Street Address (P.O. Box Number is Not Acceptable) 617 Cherry Road  1002053980  83.75  Suite, Apt. #, Etc.					
	Suite, Apt. #, Etc.  City Man A Delta Delt					
	city West Palm Beach	<u> </u>			State. Zip Code FL 33409	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent						
Signature of Registered	Agent	EGISTERED AGEN	NT MUST SIGN		Date	
9. Names	s and Street Addresses of Each Officer an			st at lea	east 3 directors)	
Titles	Name of Officers and/or Directors		Street Address o Officer and/or D			
PD	Marlaine Alix		.617 Cherry Road		W. Palm Bch, FI 33409	
VD	Bernard Sejour		2104 Worthington Rd		W. Palm Bch, FL 33409	
STD	Ernst Pierre	1	1150 NW 135th St		Miami, FL 33168	
D	Rev. Joel Juene	1	114 Thomas Road		Hollywood, FL 33023	
D	Jean Baptiste Meme	3	300 NW 135th Street		HIAMI, FL 33148	
10. 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 filling 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 FRINTED NAME OF SIGNING OFFICER ON DIRECTOR  Daytime Phone #						

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Guy  $\mathcal{D}$ . Sperduto,  $\mathcal{C}$ . $\mathcal{P}$ . $\mathcal{A}$ .,  $\mathcal{P}$ . $\mathcal{A}$ .

American Institute of Certified Public Accountants 8982 Taft Street • Pembroke Pines, FL 33024 (954) 432-0272 • Fax (954) 432-7339

Florida Institute of Certified Public Accountants

May 30, 2003

Florida Department of Revenue Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: AID International, Inc. Document # N00000000894

To Whom It May Concern:

We never received the renewal applications for 2001 through 2003 because we changed our address. The new address is 114 Thomas Street Hollywood, FL 33023. We are asking you to abate any penalties for not filing.

Sincerely.

Guy D. Sperduto, CPA