PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # N94000000030

1. Corporation Name

Sak Pase, Inc.

900002789458--2
-02/26/99--01117--010
*****61.25 *****61.25

Principal Place of Business	Mailing Address
1551 N.E. 167 St. #412-S North Miami Beach, FL 33162	P.O. Box 641095 Miami, FL 33164-1095

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

REINSTATEMENT 1995-1999

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
1551 N.E. 167 St.	P.O. BOX 641095
Suite, Apt. #, etc. #412-S	Suite, Apt. #, etc.
City & State Miami, FL	City & State Miami, FL
Zip 33162	Country Miami-Dade
	Zip 33164-1095
	Country Miami-Dade

4. Date Incorporated or Qualified To Do Business in Florida
Jan. 5, 1994

5. FEI Number
65-0459690

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Chair.	Antoine Bayard	1595 N.E. 135 St. #228	N. Miami, FL 33161
V.Chair	Nancy Frailey	2215 N. 44 Ave.	Hollywood, FL 33021
Treas.	Nigel Smith	531 NW 195 Terr.	Miami, FL 33169
Dir.	Vladimir Lescouflair	1551 N.E. 167 St. #412-S	N. Miami Beach, FL 33162
A. Dir	Alex Emmanuel	10900 N.W. 14 Ave #D-25	Miami, FL 33167
A.Dir	Samuel Pierre-Louis	23 N.W. 41 St.	Miami, FL 33127

8. Name and Address of Current Registered Agent

Newcom Network Inc.
12555 Biscayne Blvd. Suite 995
N. Miami, FL 33181

9. Name and Address of New Registered Agent

Name
Marie A. Allen
Street Address (P.O. Box Number is Not Acceptable)
1595 N.E. 135 St.
Suite, Apt. #, Etc.
#407
City
North Miami
State
FL
Zip Code
33161

C02E040 (2/95)

10. I, being appointed the registered agent of the above named corporation, am familiar with, and accept the obligations of Section 607.0401, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/17/98

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11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [x]

(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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that this information is 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: Vladimir Lescouflair Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/98
Date

(305) 947-1451 ext 222
Daytime Phone #