

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB 28 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000003552

1. Corporation Name

MONDOPOLITAN, INC.

2. Principal Office Address

1110 BRICKELL AVE

Suite, Apt. #, etc.

STE. 601

City & State

MIAMI, FL.

Zip

33131

Country

USA

3. Mailing Office Address

1110 BRICKELL AVE

Suite, Apt. #, etc.

STE. 601

City & State

MIAMI, FL.

Zip

33131

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/19/00

5. FEI Number

65 097 1990

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$375/Additional Fee required
for Certificate of Status

01-02 UBR ym

7. Name and Address of Current Registered Agent

Name

JASON ZABALETA

Street Address (P.O. Box Number is Not Acceptable)

1110 BRICKELL AVE

Suite, Apt. #, Etc.

STE 601

City

MIAMI

300005064189-4

-03/07/02--01049-015

****308.75 ****308.75

State
FL

Zip Code

33131

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]

REGISTERED AGENT MUST SIGN

Date

2/27/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	JASON ZABALETA	1110 BRICKELL AVE STE 601	MIAMI / FL / 33131
SEC	"	"	"
TREAS	"	"	"

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 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 OR DIRECTOR

2/27/02

Date

(305) 350-0721

Daytime Phone #

CR2001 (9/01)

2002

J. P. Catuzzi, Jr., Ph.D.

ATTORNEY AT LAW
INTERNATIONAL BUSINESS CONSULTANT
465 Normandy J, Delray Beach Fl 33484
TEL: 561 637-7149
FAX: 561 637-6133
E-Mail: eccoipc@aol.com

Member: New York Bar
Washington, D.C. Bar

Secretary of State
409 East Gaines Street
Tallahassee, Fl. 32399
Attn: Michelle Milligan

February 27, 2002

**Ref: Reinstatement of
MONDOPOLITAN, INC.**

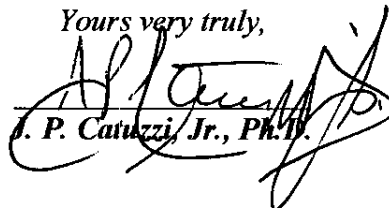
Dear Sirs:

Enclose please find the reinstatement form for the above client with a check in the amount of \$308.75 covering the cost for same (\$300.) plus the additional \$8.75 for a receipted stamped copy to the client's new address: 1110 Brickell Avenue, Miami, Fl 33131.

My client has moved several times and never received the forms so as to timely file same. We would appreciate your indulgence and accepting the enclosed sum with full reinstatement. As our prior mailing to you regarding the same matter was evidently lost (having been sent by over night delivery) on February 13, 2002, we have cancelled the check previously enclosed and have issued the enclosed.

Thank you in advance for your kind assistance and cooperation.

Yours very truly,


J. P. Catuzzi, Jr., Ph.D.

Encl: Reinstatement form
Mondopolitan check: \$308.75