

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION 02/03 REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000100350

1. Corporation Name
SKINDO BRAZIL SHOW, INC.

Principal Place of Business Mailing Address

1202 SALZEDO ST., #1
CORAL GABLES, FL. 33134

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-1050743	Applied For Not Applicable
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	4 City / State / Zip
H/D	ROBERTO DIAS	1202 SALZEDO ST., #1	
V/S/D	ALTEMAR DIAS	CORAL GABLES, FL. 33134	

8. Name and Address of Current Registered Agent

ROBERTO DIAS
1202 SALZEDO ST., #1
CORAL GABLES, FL. 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City State Zip Code

FL

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 (X) *[Signature]* Date 3/15/03

REGISTERED AGENT MUST SIGN

11. 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)(f), F.S. The information indicated on this application, including my signature shall have the same legal effect as if made under oath.

SIGNATURE: (X) *[Signature]* Date 3/15/03 786-286-7032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**SKINDO BRAZIL SHOW, INC.
1202 SALZADO STREET, UNIT 1
CORAL GABLES, FLORIDA 33134**

March 15, 2003

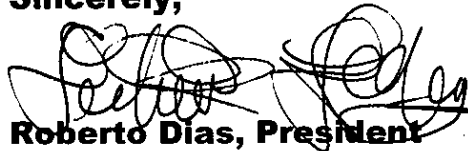
**Mr. Shawn Toner
Secretary of State -
Division of Corporations
Tallahassee, Florida**

Dear Mr. Toner:

I am attaching copies of letter that we have been sending back and forth since last year. You had previously granted us allowance to pay the \$150.00 for year 2002 annual report but on October 28, 2002 you sent me another letter with a specific letter contents. Unfortunately my line of work requires me to travel and be outside the United States for lengthy periods of time and I have not been here to attend to this matter until this time.

I am stating that in year 2002 I did NOT receive the annual report that I needed to file that year and that you subsequently send me a blank form which I forwarded to you along with the payment. The report and the payment were returned to me and I am once again enclosing it to you along with the year 2003 report and its applicable fee. Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Roberto Dias', is written over a horizontal line.

**Roberto Dias, President
Skindo Brazil Show, Inc.**