

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

AND
FILED
01 JUN 11 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00557

1. Corporation Name

LOWTIDE CORPORATION N.V.

000004481660--1
-07/17/01--01038--015
****900.00 ****900.00

2. Principal Office Address

7 Abraham De Veerstraat

3. Mailing Office Address

7 Abraham De Veerstraat

Suite, Apt. #, etc.

P.O. Box 840

Suite, Apt. #, etc.

P.O. Box 840

City & State

**Curacao, Netherlands
Antilles**

City & State

**Curacao, Netherlands
Antilles**

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/84

5. FEI Number

59-1710036

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Atrium Registered Agents, Inc.

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

1500 San Remo Avenue

Suite, Apt. #, Etc.

Suite 125

City

Coral Gables

State

FL

Zip Code

33146

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

REGISTERED AGENT MUST SIGN

Date

5/2/01

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
MD	First Independent Trust	P.O. Box 840	Netherlands Antilles

REINSTATEMENT 00-01

Mew

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FIRST INDEPENDENT TRUST (CURAÇAO) N.V.
As: Managing Director
By: Edwin R. Geeman

May 3, 2001 (599-9) 461.3709

Date

Daytime Phone #

CR2E081 (9/99)