

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P01000078592</b> 1. Entity Name <b>MANDE INTERNATIONAL CORPORATION</b>					
Principal Place of Business <b>668 NORTH ISLAND DR GOLDEN BEACH, FL 33160</b>			Mailing Address <b>668 NORTH ISLAND DR GOLDEN BEACH, FL 33160</b>		
2. Principal Place of Business <b>3801 N.E. 207 Street</b> Suite, Apt. #, etc. <b>Apt. #Tslcn</b> City & State <b>Aventura, FL</b> Zip Country <b>33180 US</b>		3. Mailing Address <b>3801 N.E. 207 Street</b> Suite, Apt. #, etc. <b>Apt. #Tslcn</b> City & State <b>Aventura, FL</b> Zip Country <b>33180 US</b>			
4. FEI Number <b>65-1131849</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>					
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>GUSTAVO MELLER 668 N. ISLAND RD MIAMI, FL 33160</b>			7. Name and Address of New Registered Agent Name <b>Alvaro Castillo B., P.A.</b> Street Address (P.O. Box Number is Not Acceptable)  <b>1390 Brickell Avenue, Suite 200</b> City <b>Miami</b> FL Zip Code <b>33131</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Alvaro Castillo</i></u> DATE <u>10-4-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>D</b> NAME <b>MELLER, GUSTAVO</b> STREET ADDRESS <b>668 NORTH ISLAND DR</b> CITY-ST-ZIP <b>GOLDEN BEACH, FL 33160</b>	<input type="checkbox"/> Delete		TITLE <b>D</b> NAME <b>Gustavo Meller</b> STREET ADDRESS <b>3801 N.E. 207 Street, #Tslcn</b> CITY-ST-ZIP <b>Aventura, FL 33180</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE <b>S</b> NAME <b>Alvaro Castillo</b> STREET ADDRESS <b>1390 Brickell Avenue, Suite 200</b> CITY-ST-ZIP <b>Miami, FL 33131</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Alvaro Castillo</i></u> DATE <u>10-5-05</u> (305) 371-5540 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

05 OCT -6 PM 2:01  
 SECRETARY OF STATE  
 FLORIDA  
 REINSTATEMENT 05



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