

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*page 1 of 2*



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

**CORPORATION  
 REINSTATEMENT**

*UDR*

FILED

03 FEB 12 PM 2:43

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

600012386456  
 02/12/03--01047--008 \*\*300.00

**DOCUMENT #** B01000112529

**1. Corporation Name**  
 ELUMICAX CORP.

<b>2. Principal Office Address</b> 16850 Collins Ave. Suite, Apt. #, etc. 102 City & State Sunny Isles-Fl. Zip 33160 Country Dade		<b>3. Mailing Office Address</b> 16850 Collins Ave Suite, Apt. #, etc. 102 City & State Sunny Isles-Fl. Zip 33160 Country Dade	
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**4. Date Incorporated or Qualified To Do Business in Florida**

**5. FEI Number** 65-1155384  
 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 **Mario Szwarc**

Street Address (P.O. Box Number is Not Acceptable) **3300 NE 191 Street #601**

Suite, Apt. #, Etc.

City **Aventura** State **FL** Zip Code **33180**

**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]* Date **02-07-03**

REGISTERED AGENT MUST SIGN

**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
DP	Mario Ricardo Szwarc	3300 NE 191 St. #601	Aventura-Fl. 33180
DS	Laura Bellacar de Szwarc	3300 NE 191 St. #601	Aventura-Fl. 33180

*02-03 4302 TO*

**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

Date **02-07-03** Daytime Phone # **305-931-8557**

CR2E081 (9/99)

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**ELUMICAX CORP.**  
**16850 COLLINS AVE #102**  
**SUNNY ISLES-FLORIDA 33160**

February 7, 2003

Florida Department of State

Ref: Elumicax Corp.  
Document # P01000112529

I was advised by my new accountant that my corporation was dissolved as of October 4, 2002. We did not receive the Annual report for renewal. Please waive the penalty fee. This is our first year in this country and we were not advised as to the annual fee. I am enclosing \$300.00 for this year and the previous one.

Thank you,

Laura Bellacar de Szwarc