

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

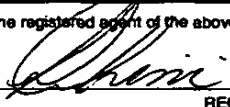
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12/20/04--01071--018 **300.00

REINSTATEMENT 03-04


CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000077803 1. Corporation Name ARGOS NORTH AMERICA, INC.	
2. Principal Office Address 3951 SW 47th Ave. Suite, Apt. #, etc. 106 City & State DAVIE, FLORIDA Zip 33314	3. Mailing Office Address SAME Suite, Apt. #, etc. City & State Zip Country BROWARD

4. Date Incorporated or Qualified To Do Business in Florida	07/17/2002
5. FEI Number	14-1838220
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	Applied For Not Applicable \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent	
Name LUCIANA NOGUEIRA	
Street Address (P.O. Box Number is Not Acceptable) 3951 SW 47th Ave	
Suite, Apt. #, Etc. 106	
City DAVIE	State FL
	Zip Code 33314

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 	Date 12/17/2004
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
EXECUTIVE DIRECTOR	LEONARDO FRANCO	3951 SW 47th Ave #106	DAVIE, FL 33314
EXECUTIVE DIRECTOR	FABIO CIUCHINI	3951 SW 47th Ave #106	DAVIE, FL 33314
GENERAL MANAGER	LUCIANA NOGUEIRA	3951 SW 47th Ave #106	DAVIE, FL 33314

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:  LUCIANA NOGUEIRA - GENERAL MANAGER	Date: 12/17/2004 Daytime Phone #: (954) 791-3014 (847) 9879400

CR25081 (01/04)



December, 17th ,2004

**Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ref.: Annual report Payment fee

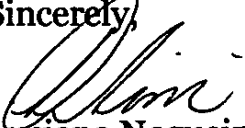
To whom it might concern,

We would like to inform that Argos North America, INC, Document# P0200077803, incorporated in Florida in July 17th, 2002 did not receive any notice for the years 2003 and 2004 regarding the Annual Report payment.

We ask for State of Florida to wave the latest fees.

Please find attached the check for the past two years due.

Sincerely,


Luciana Nogueira
General Manager