

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS		FILED 99 OCT 26 PM 2:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P92000000559 1. Corporation Name BUSSA 69 CORPORATION					
Principal Place of Business 901 Bay Dr. #16 MIAMI, FL 33141		Mailing Address 901 Bay Dr. #16 MIAMI, FL 33141			
2. New Principal Office Address, if Applicable 300 BISCAYNE BLVD WAX #901 MIAMI, FL		3. New Mailing Office Address, if Applicable 300 BISCAYNE BLVD WAX #901 MIAMI, FL		4. Date Incorporated or Qualified To Do Business in Florida 10/28/92	
5. FEI Number 65-0954028		6. Certificate of Status Desired <input checked="" type="checkbox"/>			
7. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)					
1 This(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip		
DP	PAULO M. MELO	401 69 STREET APT#5N	MIAMI BEACH FL.33141		
DVP	CESAR A. REIS	1700 WAYNE AVE #210	MIAMI BEACH FL.33141		
8. Name and Address of Current Registered Agent					
CESAR A. REIS 901 BAY DR. #16 MIAMI BEACH FL. 33141			9. Name and Address of New Registered Agent Name: CESAR A. REIS Street Address (P.O. Box Number is Not Acceptable): 1700 WAYNE AVE #210 City: MIAMI BEACH State: FL Zip Code: 33141		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0805, F.S. Signature of Registered Agent: <i>[Signature]</i> Date: 10/25/99 REGISTERED AGENT MUST SIGN					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(c) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <i>[Signature]</i>		CESAR A. REIS		10/25/99	

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850)922-4004

From:

Account Name : ACE INDUSTRIES, INC.
Account Number : 070744001530
Phone : (305)358-2571
Fax Number : (305)358-7832

CORPORATION REINSTATEMENT

BUSSA 69, CORPORATION

Certificate of Status	1
Certified Copy	0
Page Count	01
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