

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P92000006649

1. Corporation Name

TIDEKEY CORP.

99 APR 19 AM 10:51

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
40 FRED K. LICKSTEIN, Esq 100 SE 2ND ST. 17th FL MIAMI FL 33131	40 FRED K. LICKSTEIN, Esq 100 SE 2ND ST 17th FL MIAMI, FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
40 FRED K. LICKSTEIN, Esq Suite, Apt. #, etc. 100 SE 2ND ST - 17th FL City & State MIAMI FL Zip 33131 Country USA	40 FRED K. LICKSTEIN Esq Suite, Apt. #, etc. 100 SE 2ND ST - 17th FL City & State MIAMI FL Zip 33131 Country USA

REINSTATEMENT 98-99

4. Date Incorporated or Qualified To Do Business in Florida	Applied For
11/23/92 EFF 11/13/80	<input type="checkbox"/>
5. FEI Number	Not Applicable
65-0469924	<input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(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
PTD	CARLOS A. PUNCELES	40 FRED K. LICKSTEIN 100 SE 2ND ST - 17th FL	MIAMI, FL 33131
S	ANTONIETA P. DE COSTA	40 FRED K. LICKSTEIN 100 SE 2ND ST - 17th FL	MIAMI, FL 33131
D	JOSEFINA P. DE BENEDETTI	40 FRED K. LICKSTEIN 100 SE 2ND ST - 17th FL	MIAMI, FL 33131

8. Name and Address of Current Registered Agent

SEMGT, LICKSTEIN, MORGENSTERN, BERGER
201 ALHAMBRA CIRCLE
SUITE 1200
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name	FRED K. LICKSTEIN, Esq
Street Address (P.O. Box Number is Not Acceptable)	100 SE 2ND ST - 17th FL
Suite, Apt. #, Etc.	
City	MIAMI
State	FL
Zip Code	33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Carlos A. Puncelles*
REGISTERED AGENT MUST SIGN

Date 4/12/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

Carlos A. Puncelles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARLOS A. PUNCELES, PRES

4/12/99
Date

Daytime Phone #