

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

(94)

FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

AND FILED

97 NOV 17 AM 11:07

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
 Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # 93000001840**
 DIGICOM IMPORT & EXPORT INC.
 8357 W. FLAGLER ST. SUITE 310
 MIAMI FL 33144

2. If Address in Block 1 is incorrect in any way, enter the correct address below:
 Address
 City and State Zip Code
 3. If Principle Office Address is different from mailing address, enter address below:
 Address
 City and State Zip Code

4. Date Incorporated or Qualified To Do Business In Florida: **12-31-92**
 5. FEI Number: **65-0380119**
 FEI Number Applied For
 FEI Number Not Applicable
 6. **\$8.75 Additional Fee required for a Certificate of Status**
 CERTIFICATE OF STATUS DESIRED

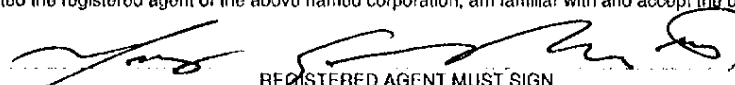
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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
P/D/T	YOUNG SEU HAN	999 BRICKELL BAY DRIVE	MIAMI FL 33131
V/D/S	GIANFRANCO M HAN	999 BRICKELL BAY DRIVE	MIAMI FL 33131

REINSTATEMENT (94)
 A. Han
 11/17/97

REGISTERED AGENT INFORMATION
 8. Name and Address of Current Registered Agent
 YOUNG SEU HAN
 8357 W. FLAGLER ST. SUITE 310
 MIAMI FL 33144

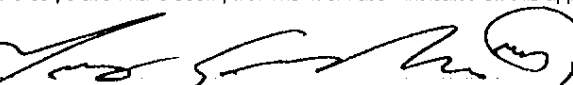
9. If changed, new registered agent / office
 Name
 Street Address (Do NOT Use P.O. Box Number) **9000002352449--0**
 Street Address (Do NOT Use P.O. Box Number) **IN MIAMI 97--01103--019**
 City State Zip
FL.

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: 
 REGISTERED AGENT MUST SIGN
 Date: **10/31/1997**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (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 No (See other side for information on intangible tax.)

13. 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 of Officer or Director: 
 Date: **10/31/97**
 Daytime Phone #: **305) 389-5546**