

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glénda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -6 AM 10: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000028641

Corporation Name

MAQUIPAN INTERNATIONAL, INC.



REINSTATEMENT 03

Principal Place of Business: 7326 NW. 46 ST, MIAMI FL 33166, US
Mailing Address: 7326 NW. 46 ST, MIAMI FL 33166, US

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

2. New Principal Office Address, If Applicable: 255 Alhambra Circle, Suite # 850, Coral Gables, FL, Zip 33134, Country USA
3. New Mailing Office Address, If Applicable: 265 Alhambra Circle, Suite # 860, Coral Gables, FL, Zip 33134, Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/16/1993
5. FEI Number: 65-0414982
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	CASTANO, ANTONIO	7326 NW 46 STREET	MIAMI FL 33166

500021940575
11/21/03 01091 022 **750.00

8. Name and Address of Current Registered Agent: CASTANO, JORGE, 7326 NW 46 ST, MIAMI FL 33166

9. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), Suite, Apt. #, Etc., City, State (FL), Zip Code

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. or 617.0505, F.S.
Signature of Registered Agent: [Signature] REGISTERED AGENT MUST SIGN Date: [Signature]

11. 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 Daytime Phone #

CR2E040 (7/03)