


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED
 01 JUL 30 PM 2:57
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P93000067679
1. Corporation Name
 MA INTERNATIONAL SALES CORP.

700004133957--2
 -08/14/01--01054--003
 ***300.00 ***300.00

2. Principal Office Address
 11300 NW 41 ST.
 Suite, Apt. #, etc.

3. Mailing Office Address
 11300 NW 41 ST
 Suite, Apt. #, etc.

City & State
 MIAMI, FL

Zip 33178 **Country** USA

4. Date Incorporated or Qualified To Do Business in Florida 9/28/93

5. FEI Number 65-0460513
 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name JAMES A. MERRITT
Street Address (P.O. Box Number is Not Acceptable) 11300 NW 41 ST.
Suite, Apt. #, Etc.
City MIAMI **State** FL **Zip Code** 33178

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 X James A. Merritt **Date** X 7/26/01
 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
DPST	JAMES A. MERRITT	11300 NW 41 ST	MIAMI, FL 33178
Controler	MARGARITA M. PEREZ	11300 NW 41ST ST	MIAMI FL 33178

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: Margarita M. Perez **Date** 7/26/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (8/00)