

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # P93000068829

1 Corporation Name

BRAZIL ZUM ZUM ZUM, INC.

Principal Place of Business

611 NE 30TH TERRACE
SUITE A
MIAMI, FL 33137
US

Mailing Address

611 NE 30TH TERRACE
SUITE A
MIAMI, FL 33137
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
680 NE 64th ST. #PH1
City & State
MIAMI FLORIDA
Zip 33138 Country USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
680 NE 64th ST. #PH1
City & State
MIAMI FLORIDA
Zip 33138 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/01/1993

5. FEI Number

59-3189105

Applied For
Not Applicable

6.

CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee Required
 Florida 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
DCAR	CARNEIRO, CLAUDIONOR F.	680 NE 64 th ST. #PH1	MIAMI, FL 33138
			000002046130--7 -01/03/97--01183-012 ****383.75 ****383.75

REINSTATEMENT 1996
A. Alan
12/30/96

8. Name and Address of Current Registered Agent

RAMOS, JOSE L
833 N. HIGHLAND AVE
SUITE 100
ORLANDO, FL 32803

9. Name and Address of New Registered Agent

Name CLAUDIONOR F. CARNEIRO
Street Address (P.O. Box Number Is Not Acceptable)
680 NE 64th ST.
Suite, Apt. #, Etc.
PH1
City MIAMI, FL
State FL Zip Code 33138

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

Claudionor F. Carneiro / CLAUDIONOR F. CARNEIRO

Date Dec. 26, 1996

REGISTERED AGENT MUST SIGN

11. 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.)

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)(l), 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: *Claudionor F. Carneiro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec. 26, 1996 (305) 758-4467
Date Daytime Phone #

CR22040 (7/95)