PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P93000070175

1. Corporation Name

PARVUS CORP.

Principal Place of Business

Mailing Address

C/O SALOMON WAINBERG

C/O SALOMON WAINBERG

FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA



1121 PONCE DE LEON BLVD 1100 JORAL GABLES FL 33134		2121 PONCE DE LEON BLVD 1100 CORAL GABLES FL 33134			C INDUINDER THE COLOUR KINS EARLY BERNY ORBIT OF THE LORD OF THE THE LEAD OF THE LAND OF T			
If above a	addresses are incorrect in any way, line t	hrough incorrect inf	ormation and enter	correction below.				
.' New Pri	ncipal Office Address, If Applicable	3. New Mailing Office Address, If Applicable % SACHON WALN BEACH			Date Incorporated or Qualified To Do Business in Florida 10/04/1993			
suite, Apt. #, etc.		Suite, Apt. #, etc. 5502-Ave-DuSoleil			. 5. FEI Number Applied For			
City & State		City & State LU72, P1 33549			65-0505783 Not Applicab			
Country Country		Zip Country Hillsborous			CERTIFICATE OF STATUS DESIRED			
. Names	and Street Addresses of Each Officer a	nd/or Director (Flor						
`Title(s)	Name of Officers and/or Directors 2		Str Of	eet Address of Each licer and/or Director)	4	City / State / Zip	
PST	MARIANO PEREL	, `	BUENOS	•		BUENOS AIRES	ARGENTINA	
VP S	SALOMON WAINBERG		2121 PONCE DE LEON BLVD			CORAL GABLES	CORAL GABLES FL 33134	
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		MEAN		A80-60 9 7	7	Ş		
`	,		:	,			8764 0 1001068- 1.75 ****	-003
8. Name and Address of Current Registered A			nt	``	9. Name and Address of New Registered Agent			
WAINBERG, SALOMON 2121 PONCE DE LEON BLVD SUITE 1100				Name SALOMON WA(NBERG Street Address (P.O. Box Number is Not Acceptable) STO2 AJENNE Du So(Qcl Suite, Apt. #, Etc. Lu + Z				•
CORAL GABLES FL 33134				City LYT	LYTZ		State Zip Code FL 33549	
ignature d	g appointed the registered agent of the	above named corpo	9.05 CA	ith and accept the o	bligations of Sect	ion 607.0505, F.S.	17-99	
egistered	Agail Control of	REGISTERED AGE			· · · · · · · · · · · · · · · · · · ·			
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1. 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 filling 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.

'IGNATURE: