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APPLICATION FOR REINSTATEMENT	FLORIE	TRUCTIONS DA DEPARTME Sandra B. Mo Secretary of Secretary of Secretary	NT OF STATE rtham State	7			
DOCUMENT # P93000087912				98 APR -3 PM 2: 11			
1. Corporation Name							
Tourmaline International Corp.				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address				_			
Miami Beach, Florida 10155 Collins Miami Beach, 33154			ıe, Unit303 lda	RFIN	ISTATEMENT 97-98		
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable							
3. New Mailing Office Address, if Applicable 10155 Collins Suite, Apt. #, etc. Suite, Apt. #, etc.				4. Date incorporated or Qualified To Do Business in Florida December 27, 1993			993
City & State	303	5. FEI Number 65-0455887			 	plied For	
Zip Country	City & State Miami Zip	Beach, Flor		6.		Not 8.75 Additional	t Applicable
	33154		USA	<u> </u>	E OF STATUS DESIRED	for a Certificate	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprotein Name of Officers and/or Directors 3 (D. 2 3 (D.			ations must list at lea eet Address of Each ficer and/or Director se Post Office Box N	f Each irector City / State / Zip			
Director Aldo Antonio Rafae President, T,S	10155 Collins Avenue #301			Miami Beach, Florida 33154			
Director Sumaia Labaki Raia Vice President	10155 Collins Avenue #301			Miami Beach, Florida 33154			
Vice President Virginia Hannud Labaki 10155 Collins Ave				nue #301 Miami Beach, Florida 33154			
Vice President William Hannud Labaki 10155 Collins Aver				nue #301	Miami Beach,	Florida	33154
				2000024815522 -04/07/9801081019 ****900.00 ****900.00			
Name and Address of Current Registered Agent				9. Name and A	Address of New Registere	d Agent	
Pegrio, Inc. 2880 S.W. 58th Ave. Miami FL 33155	Name National Registered Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 501 Brickell Key Drive, Suite 602 Suite, Apt. #, Etc.						
City M1 am1 O. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obline				State Zip Code FL 33131			
Signature of Registered Agent	<u> </u>	ENT MUST SIGN	In and accept the ob	ligations of Section	on 607.0505, F.S. Date 4/2/	98	
This corporation owes or has paid the current year Intangible Personal Property tax due June 30.						side for information	on
2. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolution over by the corporation have been paid and the nation this application is true and accurate, and my sign	ition has been mes of individ	eliminated, the corpor uals <u>liste</u> d on this forn	rate name satisfies ti 1 do not qualify for a	he requirements on In exemption und	of section 607 0401 or 617 i	∩4∩1 E C thata	ati face

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