

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

1998 FEB -9 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

**APPLICATION FOR REINSTATEMENT**

DOCUMENT # P93000087932

1. Corporation Name  
**Amethyst International Corp.**

Principal Place of Business  
**Miami Beach, Florida**

Mailing Address  
**10155 Collins Avenue  
Unit, 303  
Miami Beach, Florida  
33154**

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		December 21, 1993	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0455884	
Country		Country		Applied For	
		USA		Not Applicable	
				6. CERTIFICATE OF STATUS: DESIRED <input checked="" type="checkbox"/> \$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Director President, T, S	Aldo Antonio Rafael Raia	10155 Collins Avenue #301	Miami Beach, Florida 33154
Director Vice President	Sumaia Labaki Raia	10155 Collins Avenue #301	Miami Beach, Florida 33154
Vice President	Virginia Hannud Lakabl	10155 Collins Avenue #301	Miami Beach, Florida 33154

**REINSTATEMENT**

91-98  
12/9/98  
2/19/98

800002429178--5  
-02/12/98--01079--018  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

**Pegiro, Inc.**  
2880 S.W. 58th Ave.  
Miami, FL 33155

9. Name and Address of New Registered Agent

Name  
**National Registered Agents, Inc.**  
Street Address (P.O. Box Number is Not Acceptable)  
**701 Brickell Avenue**  
Suite, Apt. #, Etc.  
**Suite 1800**  
City  
**Miami** State **FL** Zip Code **33131**

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 \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

Date 2/6/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(j), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*

2/6/98  
Date

305-865-5104  
Daytime Phone #

CR2E040 (1/96)