PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLECATION FOR REINSTATEMENT DOCUMENT # 1 Corporation Name Principal Place of Business 5070 N OCEAN DRIVE #22D SINGER ISLAND FL 33404 US Suite Apt # etc. City & State Zip Country Title(s) D SZORENYI, ZSOLT

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

P94000017000

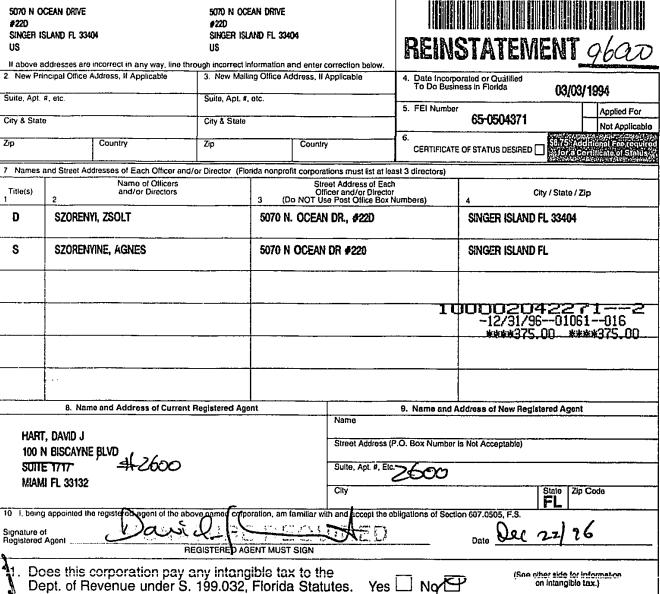
MUKOSZAK INTERNATIONAL INC.

Mailing Address

FILED

96 DEC 27 AMII: 51

SECRETARY OF STATE
TALLAHASSEE FLORIDA



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 it made under oath.

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 filling

250 E SZORENY 12/01/96