. PLEASE READ	ALL INSTRUCTIONS	BEFORE CO	OMPLETING THIS FORM
APPLICATION	FLORIDA DEPARTME	INT OF STATE	AND
FOR	Sandra B. Mo Secretary of		FILEU
REINSTATEMENT	DIVISION OF CORPO		00 MAR 28 PM 1: 05
<b>DOCUMENT #</b> P94000039	914		UU MAR 20 TH 1 00
1. Corporation Name			SECRETARY OF STATE.
50, 50, 50, 50, 50, 50, 50, 50, 50, 50,			SECRETARY OF STATE TALLAHASSEE, FLORIDA
Canni Europea Internati	ional Corn		4000032033744 -04/11/8001065002
Servi-Express Internat: Principal Place of Business	Mailing Address		*****500.00 *****500.00
2886 N.W. 79th Ave.			ان ایس و است و
Suite 506	P.O. Box 52-4055 Miami, FL 33152-4055		4000032033744 -04/11/0001065003
Miami, FL 33122	MIGHT, EP 2212	12-4033	*****500.00 *****500.00
If above addresses are incorrect in any way, line thro			A Data languaged at Outlifed
2. New Principal Office Address, If Applicable 2624 N.W. 112th Ave. 3. New Mailing Office Address, If Applicable		ir Applicable	4. Date Incorporated or Qualified To Do Business in Florida 05/26/94
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. FEI Number Applied For
City & State Miami, FL	City & State		65-0497777 Not Applicable
Zip Country 33172 USA	Zip Count	try	6. CERTIFICATE OF STATUS DESIRED STATUS DESIRED 5.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and	d/or Director (Florida nonprofit cor	porations must list at	t least 3 directors)
Name of Officers Title(s) and/or Directors		treet Address of Each	
1 2	3 (Do NOT	Use Post Office Box N	Numbers) 4
Pérez, María E.	Apt. 70	E. 163rd : 6	North Miami Beach, FL 33160
Mantilla, Fernand		.W. 47th	
D/S/T			Miami, FL 33175
			<del></del>
			*****50.00 ****
	<del></del>	<del></del>	ATENIE W
			ENG ATERIE
			I Com Com
8. Name and Address of Current	Registered Agent	<del></del>	9. Name and Address of New Registered Agent
o, rame and marcos of sarron		Name	
			a, Fernando P.O. Box Number is Not Acceptable)
8251 N.W. 8th St., Apt. 506 13301 Suite Apt #			S.W. 47th St.
Miami, FL 33126		Suite, Apr. #, Lic.	
City			State   Zip Code   FL   33175
10. I, being appointed the registered agent of the about	ove named corporation, am familia	<del></del>	obligations of Section 607.0505, F.S.
Signature of Registered Agent			Date March 27, 2000
REGISTERED AGENT MUST SIGN			
11. This corporation owes of has paid the current year  Intangible Personal Property tax due June 30.  Yes X  No			
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 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 name 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.			
SIGNATURE: Manie Luge	uio Vein Mar	ía E. Pér	ez 03/27/00 305-594-0033

STF FL32474F.1