

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS



FILED

99 NOV -1 AM 10: 59

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000040696

1. Corporation Name
F.F.D. SOFTWARE & HARDWARE INTERNATIONAL CORPORATION

Principal Place of Business Mailing Address
 10240 SW 56 ST SUITE 115 MIAMI FL 33165
~~10240 SW 56 ST SUITE 115 MIAMI FL 33165~~
12330 NW 55 ST CORAL SPRINGS FL 33076



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.		05/26/1994	
City & State		City & State		5. FEI Number	
Zip		Country		65-0494790	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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	4. City / State / Zip
P	FONSECA, FRANCISCO	10240 SW 56 ST SUITE 115	MIAMI FL 33165
T	BENEDETTI, RAFAEL	18970 BOB-O-LINK DR	MIAMI FL 33015
VPS	GUTIERREZ, OSCAR	9027 N.W. 6TH CT. 12330 NW 55 ST	PLANTATION FL 33324 CORAL SPRINGS FL 33076
			200003038592--4
			-11/08/99--01123--086
			***150.00 ***150.00
			SP

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GUTIERREZ, OSCAR 9027 N.W. 6TH CT. PLANTATION FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) 12330 NW 55 ST Suite, Apt. #, Etc. City Coral Springs State FL Zip Code 33076	

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: *[Signature]* **REQUIRED** Date: 10/26/99
 REGISTERED AGENT MUST SIGN

11. 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)(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: *[Signature]* **REQUIRED** Date: 10/26/99 954 752-8479
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

C-28200 (9/96)

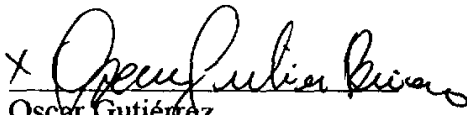
FFD Software & Hardware International Corporation
10240 SW 56th Street Suite 115
Miami Florida 33165
305 598-5354

Florida Department of State
Corporation Section
P O Box 6327
Tallahassee, FL 32314

Ref.: Document # P94000040696

We are requesting a decrease of penalties for the present year. We did not receive the original form at the beginning of the year.

Thank you,

X 
Oscar Gutiérrez
V. President.