PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LO AIDA DEP REMENT OF STATE of State FILED CORPORATIONS 99 NOV - 1 AM 10: 59 P94000040696 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA F.F.D. SOFTWARE & HARDWARE INTERNATIONAL CORPOR ATION Principal Place of Business Mailing Address 1020 SW 50 67- 12330 NW 55 \$7 10240 SW 56 ST CONAL SPRINGS SUITE 115 SUITE 115 MIAMI FL 33165 WANTE COLOR F1 33076 If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, if Applicable 2 New Principal Office Address, If Applicable Date Incorporated or Qualified
 To Do Business in Florida 05/26/1994 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 65-0494790 Not Applicable \$8.75 Additional Fer required for a Certificate of Status Zip Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Title(s) P FONSECA, FRANCISCO 10240 SW 56 ST SUITE 115 MIAMI FL 33165 T BENEDETTI, RAFAEL 18970 BOB-O-LINK DR MAMI FL 33015 **VPS** PLANTATION PL 33324 CORA | SPEINGS F | 33074 **GUTIERREZ, OSCAR** 9027 N.W. 6TH CT. 12330 NW 55 PT 200003038592--4 -11/08/99--01123--006 ****150.00 ****150.00 **30** 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name **GUTIERREZ, OSCAR** Street Address (P.O. Box Number is Not Acceptable) /2330 Suite, Apt. #, Etc. 9027 N.W. 6TH CT. NW 55 57 PLANTATION FL 33324 Conal Springs agent of the above nd accept the obligations of Section 607.0505, F.S. 10. I, being appointed the registered named corporation, am familia Date 10/26/99 Signature of Registered Agent 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 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 peld 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:

mention in an area of the property

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.

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Thank you,

V President