

APPROVED  
DO NOT WRITE IN THIS SPACE.  
FILED

APPLICATION  
FOR  
REINSTATEMENT  
FOR

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

97 AUG 11 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries  
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P94000081554

INCUBOMER INTERNATIONAL CORP.  
10661 N. KENDALL DR. S. 204  
MIAMI, FL 33176

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

000002266890--9  
08/14/97-01052-002  
\*\*\*\*915.00 \*\*\*\*915.00

If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box

3. Date incorporated or Qualified To Do Business in Florida 11-04-94

4. FEI Number 65-0628886

FEI Number Applied For  
 FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
PO	ROBERTO QUINTERO	10661 N. KENDALL DR S. 204, MIAMI, FL	MIAMI, FL
VO	VICTOR QUINTERO	10661 N. KENDALL DR S. 204	MIAMI, FL
SO	YOLIMA J. ROCHA	10661 N. KENDALL DR S. 204	MIAMI, FL
TD	NORMA A. QUITIVA	10661 N. KENDALL DR S. 204	MIAMI, FL

REINSTATEMENT 96-97

This corporation has liability for intangible tax under section 199.032, Florida Statutes. For intangible tax information call Department of Revenue 904-488-6800.  Yes  No

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

VICTOR QUINTERO  
10661 N. KENDALL DR. S. 204  
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State

Zip Code

FL.

8. 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 06-27-97

9. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

Date 06-27-97

Phone # (305) 275-0055

Typed or printed name of signing officer or director: VICTOR QUINTERO, Vice-President

10. Should you desire a certificate of status check the box.

Fee