## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS			FILED OF FEB 19 AM II: OF						
DOC	DOCUMENT # P94000091568						SECRETARY OF STATE TALLAHASSEE FLORIDA					
1. Corpora TRAN	ation Name SORGA MIAMI,	INC.										
	al Office Address S.W. 136 Ave	nue	3. Mailing Office Address 12415 S.W. 136 Avenue			distribution de la companya de la co	000	02/2 08/2 ****	37.82: 7/01-÷0 ×300.00:	996 1032	002 300-00	
Suite, Apt. 1	f, etc.		Suite, Apt. #, etc.			4. Date incom	porated or	Qualified				
City & State			City & State			To Do Bus			12/19	<del>-, -,</del> -		
Miami, FL.			Miami, FL			5. FEI Number Applied For 65 – 0545576 Not Applicable						
<sup>Zip</sup> 33186	Zip Country 33186 USA		33186	USA		6. CERTIFICATE OF		s desire	\$8.75 A	edutional Fe Certificate 6	c requeses. Estables	
	7. Name and Address of Current Registered Agent											
Signature o	Street Address (P O Rox Number is Not Acceptable) 12415 S.W. 136 Avenue  Suite, Apt. #, Etc. 4 City M1am1 State FL 33186  S. i, being appointed the registered agent of the above named conforation, am familiar with and accept the obligations of section 607,0505 or 617,0503, F.S.  ignature of egistered Agent  REGISTERED AGENT MUST SIGN											
9. Names	and Street Addresses	of Each Officer and	l/or Director (Florida nonpr	ofit corporations n	nust list at lea	st 3 directors)						
Titles	Name of Officers and/or Directors		Street Address of Eac Officer and/or Directo									
Р	Portugal, E	rick	12415	S.W. 136	Ave. #	4	Miami	, FL	33186			
D	Heller, Gernot		12415	12415 S.W. 136 Ave. # 4			Miami, FL 33186					
D	File, Helmu	t	12415	S.W. 136	Ave. #	4	Miami	, FL	33186	· 	A.	
D	Rubin, Mari	а Т.	12415	S.W. 136	Ave.#	4	Miami	, FL	33186	-w/		
٧	Rubin, Enrique		12415	12415 S.W. 136 Ave. # 4			Miami, FL 33186				M	
[ و_												
10. I cerity that I am an officer C. Livector or the receiver or trumbe 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 Individual's 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: Erick Portugal  02/05/2001 (305) 232-7160												
SIGNA	SIGNATURE	FUT LUGG I AND TYPED OR PR	NTED NAME OF SIGNING OF	FICER OR DIRECT	OR	02/0	Date	<u> </u>		232-/10 Phone #	<u></u>	

12415 SW 136th Ave. Bay #4 Miami, Florida 33186-USA Phone:(305) 232-7160

Phóne:(305) 232-7160 Fax: (305) 232-3756

E-mail: transorga@transorga.com Web Site: www.transorga.com

## TRANSORGA MIAMI, INC.





A TRANSORGA AG COMPANY "ZURICH "DUSSELDORF "LISBOA "JOHANNESBURG "HONG KONG "SÃO PAULO "RIO DE JANEIRO

Miami February 15, 2001

Department of State Division Corporations 409 East Gaines St. Tallahassee, FL 32399

Dear Sir,

We kindly ask you to waive the late fee for the reinstatement of our corporation. The dissolution was occasioned because we never receive the Annual Report due to wrong address in your records, we move 2 years ago to our new premises.

Attaché you will find our check in the amount of \$300.00, amount was given to us for your representative by telephone, in order to have the reinstatement of our Corporation.

Thank you in advance for your support

With Best regards

Erick Portugal President