


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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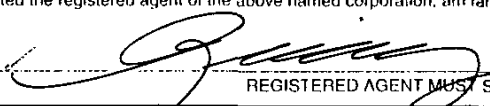
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # p95000007665			
1. Corporation Name Kapellmeister Enterprises Inc.			
2. Principal Office Address 1400 NW 107th Ave.		3. Mailing Office Address 1400 NW 107th Ave.	
Suite, Apt. #, etc. 211		Suite, Apt. #, etc. 211	
City & State Miami, Fl		City & State Miami, Fl	
Zip 33172	Country USA	Zip 33172	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 01/30/1995	
5. FEI Number 65-0555669	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Ricardo Geng			
Street Address (P.O. Box Number is Not Acceptable) 1400 NW 107th Ave.			
Suite, Apt. #, Etc. 211			
City Miami		State FL	Zip Code 33172

REINSTATEMENT 2000

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

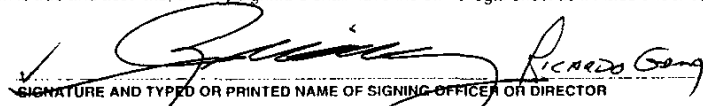
Signature of Registered Agent  Date **10/1/00**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Ricardo Geng	1400 NW 107th Ave. #211	Miami, Fl 33172

10. 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:  **Ricardo Geng** Date **10/1/00** Daytime Phone # **(305) 92-4737**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR