11/15/96 16:47
11/15/1996 02:58 229-8252 ANA D ARES NO.178 P04

APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

H96000016195 96 NOV 15 PM 5:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-96000011528

1. Corporation Name
NEW TIME CORPORATION

Principal Place of Business / Mailing Address
3149 John P. Curci Dr., Bldg 1A, Bay 2
Pembroke Park, Fl 33009

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Place of Business, if Applicable
SAME

3. New Mailing Address, if Applicable
4080 SW 84 Ave
Suite, Apt. #, etc.
C
City & State
MIAMI FLORIDA
Zip 33155 County

4. Date Incorporated or Qualified To Do Business in Florida
2/20/95

5. FEI Number
65-0566481

6. CERTIFICATE OF STATUS REQUESTED

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 Officer and/or Director	3 Street Address of Each Officer and/or Director (DO NOT Use Post Office Box Numbers)	4 City / State / Zip
P	JOSE DE MOURA TEXEIRA LOPES	3149 John P, Curci Dr. Blg.4	Pembroke Park Fl 33009

REINSTATEMENT 96
SC 11-15-96

8. Name and Address of Current Registered Agent
HUGO E DORTA
1001 S. Bayshore Dr. Suite 2706
Miami, Fl 33131

9. Name and Address of New Registered Agent
Name: ANA D. ARES
Street Address (P.O. Box Number is Not Acceptable): 4080 SW 84 Ave Suite C
Suite, Apt. #, etc.: C
City: MIAMI
State: FL
Zip: 33155

10. I hereby 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] Date: 11/12/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ]

(See other side for information on intangible tax)

12. I (do hereby) certify that the information supplied with this filing is authorized and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this application as provided for in Chapter 607 or 617, F.S. I further certify that the corporation has been administratively dissolved, the corporate name satisfies the requirements of section 607.1401 or 617.1401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and complete, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] JOSE DE MOURA TEIXEIRA LOPES 11/12/96 (305) 448-2072

Prepared by: Ana D. Ares 4080 SW 84 Ave Suite C Miami, Fl [illegible]