

APPLICATION FOR REINSTATEMENT



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

FILED

90 APR 27 AM 7:04

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P950000 13746(9)

1. Corporation Name **FLORIDIAN IMPORT & EXPORT CORPORATION**

W98-8976

Principal Place of Business
**1717 N Bayshore Dr.
 Apt. 1556
 Miami Beach, Florida 33132**

Mailing Address
 Same

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

2. New Principal Office Address, if Applicable N/A		3. New Mailing Office Address, if Applicable N/A		4. Date Incorporated or Qualified To Do Business in Florida 2/17/95	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A		5. FEI Number 65-0556706	
City & State N/A		City & State N/A		Applied For Not Applicable	
Zip N/A	Country N/A	Zip N/A	Country N/A	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>58.77 Additional Fee required for a Certificate of Status</small>	

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 Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	ROBERT CHRETIEN	1717 N. Bayshore Dr. No: 1556	Miami Beach, FL 33132
VP	MEARC LEMAITRE	Same	500002504845 04/23/98--01009--010 Same ***1058.75 ***1058.75
D	PATRICIA FAURE	Same	Same
REINSTATEMENT <i>96-98 SL 4-27-98</i>			

8. Name and Address of Current Registered Agent C.T. Corporation System 1200 S. Pine Island Rd. Plantation, FL 33324		9. Name and Address of New Registered Agent Name ROBERT CHRETIEN Street Address (P.O. Box Number is Not Acceptable) 1717 N. Bayshore Dr. Suite, Apt. #, Etc. Apt. 1556 City Miami Beach State FL Zip Code 33132	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.
 Signature of Registered Agent *[Signature]* REGISTERED AGENT MUST SIGN Date **0 4 0 6 9 8**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: *[Signature]* Date **04/06/98** Daytime Phone # **(305) 577-8600**