
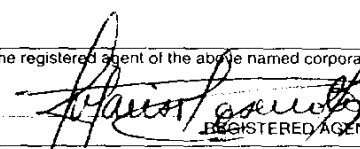



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000016991			
1. Corporation Name Dictum Corporation			
Principal Place of Business 3361 SW 175 av. Miramar . Fl. 33029		Mailing Address 3361 SW 175 av. Miramar - Fl. 33029	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, if Applicable 3361 SW 175 av. Suite, Apt. #, etc.		3. New Mailing Office Address, if Applicable 3361 SW 175 av. Suite, Apt. #, etc.	
City & State Miramar		City & State Miramar	
Zip 33029	Country USA	Zip 33029	Country USA
		4. Date Incorporated or Qualified To Do Business in Florida 03/01/95	
		5. FEI Number 65-0567108	
		Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
	PSD Ramos Manuel	3361 SW 175 av.	Miramar Fl. 33029
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name Maria S. Rosende	
		Street Address (P.O. Box Number is Not Acceptable) 3361 SW 175 av.	
		Suite, Apt. #, Etc.	
		City Miramar	
		State FL	
		Zip Code 33029	
10. 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 		Date 4/29/99	
		REGISTERED AGENT MUST SIGN	
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
(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: 		Manuel Ramos	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/29/99	
		Date	
		(954) 4414285	
		Daytime Phone #	

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 9899

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