

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<p>APPLICATION FOR REINSTATEMENT</p> <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED</p> <p>96 NOV 26 PM 1:29</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																																	
<p>DOCUMENT # <u>PA5000039707</u></p> <p>1 Corporation Name Sevilla Exports Inc.</p>																																			
<p>Principal Place of Business 3700 NW 62st Miami Florida 33147</p>		<p>Mailing Address 3700 NW 62st Miami Florida 33147</p>																																	
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>																																			
<p>2. New Principal Office Address, If Applicable</p>		<p>3. New Mailing Address, If Applicable</p>																																	
<p>Suite, Apt. #, etc. 3700 NW 62st</p>		<p>Suite, Apt. #, etc. 3700 NW 62st</p>																																	
<p>City & State Miami - Florida</p>		<p>City & State Miami - Florida</p>																																	
<p>Zip 33147</p>	<p>Country DADE</p>	<p>Zip 33147</p>	<p>Country DADE</p>																																
<p>4. Date Incorporated or Qualified To Do Business in Florida 05/18/95</p>		<p>5. FEI Number 65-0595254</p>																																	
<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></p>		<p>Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/></p>																																	
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td></td> <td>President SALOMON</td> <td>19195 Mystic Point Dr.</td> <td>Miami Florida 33180</td> </tr> <tr> <td></td> <td>HOMSAHY</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	1	2	3	4		President SALOMON	19195 Mystic Point Dr.	Miami Florida 33180		HOMSAHY																		
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	HOMSAHY																																		
<p>8. Name and Address of Current Registered Agent</p> <p>Efram Shumel 3700 NW 62st Miami, FL 33147</p>		<p>9. Name and Address of New Registered Agent</p> <p>Name EFRAM SHUMEL</p> <p>Street Address (P.O. Box Number is Not Acceptable) 3700 NW 62st</p> <p>Suite, Apt. #, Etc.</p> <p>City miami</p> <p>State FL</p> <p>Zip Code 33147</p>																																	
<p>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.</p> <p>Signature of Registered Agent <u><i>Efram Shumel</i></u> Date 11-25-96</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																																			
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)</p>																																			
<p>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the receiver or have been 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., and that all fees owed by the corporation have been paid. The information indicated in this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p> <p>SIGNATURE: <u><i>[Signature]</i></u> Date 11-25-96</p> <p style="text-align: center;">SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>																																			

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