

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AND FILED

APPLICATION FOR REINSTATEMENT



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

96 NOV 12 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 99000042031
1. Corporation Name ASCANIO INC

Principal Place of Business 10850 SW 113 PL
Suite 119
Miami FL 33176
Mailing Address 10195 SW 203 TR
MIAMI FL 33189

REINSTATEMENT

9600

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

DO NOT WRITE IN THESE SPACES

2. New Principal Office Address, if Applicable
10850 SW 113 PL
Suite, Apt. #, etc. 119

3. New Mailing Address, if Applicable
10195 SW 203 TR
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida
5/24/95

City & State
Miami FL

City & State
MIAMI FL

5. FEI Number
650502515

Applied For
Not Applicable

Zip
33176

Country
US

Zip
33189

Country
US

6. CERTIFICATE OF STATUS DESIRED

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
<u>P. President</u>	<u>Maria Cartaya</u>	<u>10195 SW 203 TR</u>	<u>Miami FL 33189</u>
<u>Vicepresid</u>	<u>Ascanio F. Serna</u>	<u>10195 SW 203 TR</u>	<u>Miami FL 33189</u>

~~408882088494-9~~
~~-11/19/96-01144-006~~
~~###375.00 ###375.00~~

8. Name and Address of Current Registered Agent
Maria Cartaya
10195 SW 203 TR
Miami FL 33189

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 [Signature] Date 11/8/96
REGISTERED AGENT MUST SIGN

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 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 or the register 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., and that all fees owed by the corporation have been paid. 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 11/8/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (305) 233-234
Daytime Phone # (305) 578-7072

CR2040 (12/95)