PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

AND FILED
96 NOV 12 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000047040

1. Corporation Name
Boss Computer, Inc.

Principal Place of Business
115 S.E. 3rd. Avenue
Miami, Fl. 33131

Mailing Address
9551 Fountainbleau Blvd. Apt.109
Miami, Fl. 33172

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

REINSTATEMENT 96 aw

2. New Principal Office Address, If Applicable
9551 Fountainbleau Blvd,
Suite, Apt. #, etc.
Apt # 109
City & State
Miami, Fl.
Zip 33172
Country U.S.A.

3. New Mailing Address, If Applicable
Same as line # 2
Suite, Apt. #, etc.
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida June 16, 1995

5. FEI Number [x] Applied For [ ] Not Applicable

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)

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
P/D	Brian Contipelli	Ave. Prof. Fco. Morato 479 Apt # 61	Pinheiros Brazil
VP/D	Roseli Gomez Contipelli	9551 Fountainbleau Blvd. Apt. # 109	Miami, Fl. 33172
T/D	Miguel Feres Junior	Rua Henrique Martins 304 Jardim Paulista	04505-000 Brazil
T/D	Mauro Vazbek	Alameda Franca 1270 Apt # 131 Jardim Paulista	04505-000 Brazil
			700002006117--5
			-11/15/96--01076--011 ****375.00 ****375.00

8. Name and Address of Current Registered Agent
Secretary Orlando, Esq.
350 Sevilla Ave. Suite 101
Coral Gables, Fl. 33134

9. Name and Address of New Registered Agent
Name Roseli Gomez Contipelli
Street Address (P.O. Box Number is Not Acceptable) 9551 Fountainbleau Blvd.
Suite, Apt. #, Etc. Apt. # 109
City Miami State FL Zip Code 33172

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 RGContipelli
REGISTERED AGENT MUST SIGN
Date November 5th, 1996

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 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 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., 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: RGContipelli Roseli Gomez Contipelli, V.President 11/5/96 (305)559-3654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (12/95)