PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

ACCEPTED AND FILED

1997 NOV 24 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000064235

1. Corporation Name
TECHNO FISHING INDUSTRIES, INC.

Principal Place of Business	Mailing Address
5503 N.W. 72nd Ave. MIAMI, FL. 33166	1800 S.W. 27th Ave. #501 MIAMI, FL. 33145

300002361353--9
-12/02/97--01092--020
****923.75 ****923.75

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: 5503 N.W. 72nd Ave.	Suite, Apt. #, etc.: 1800 S.W. 27th Ave. #501
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33166 Country: U.S.A.	Zip: 33145 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 8/21/95

5. FEI Number: [ ] Applied For [X] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — $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)

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/T/D	LORENZO LOPEZ	1046 S.W. 118th Ct.	Miami, Fl. 33184
S/D	SANDRA LOPEZ	1046 S.W. 118th Ct.	Miami, Fla. 33184
V-Predt	Marcos Martinez	1046 S.W. 118th Ct.	Miami, Fla. 33184

REINSTATEMENT 11/24/97

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MICHAEL JAUME 300 Racquet Club Road Bldg 11t Apt #203 Miami, Fl. 33326	Name: LORENZO LOPEZ Street Address (P.O. Box Number is Not Acceptable): 1046 S.W. 118th St. Suite, Apt. #, Etc.: City: Miami State: FL Zip Code: 33184

CR2E040 (12/96)

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: L Lopez — REGISTERED AGENT MUST SIGN — Date 11/21/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [x] (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: L Lopez — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LORENZO LOPEZ

11/21/97 Date

(305) 863-9796 Daytime Phone #