
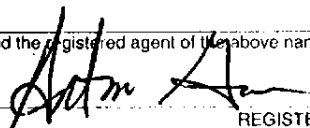
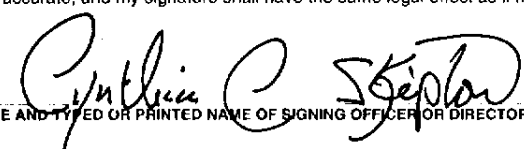


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

1997 MAR 11 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000086139 1. Corporation Name SPIRAL COMPOSITE VESSELS TRADING COMPANY			
Principal Place of Business 7241 NW 54th. St. Miami, FL 33166		Mailing Address 2588 SW 27th. Avenue Miami, FL 33133	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 11/9/95		5. FEI Number 65-0626790	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1	2	3	4
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
D	Cynthia Skipton	7241 NW 54th. St.	Miami, FL 33166
D	Jeanette Machkowski	7241 NW 54th. St.	Miami, FL 33166
D	Holger Knappe	7241 NW 54th. St.	Miami, FL 33166
600002110836--4 -03/12/97--01027--005 ****915.00 ****915.00 REINSTATEMENT 96-97 SCC 3-11-97			
8. Name and Address of Current Registered Agent Empire Corp. Kit Co. 1492 W. Flagler St. Miami, FL 33135		9. Name and Address of New Registered Agent Name Antonio Garcia Street Address (P.O. Box Number is Not Acceptable) 2588 SW 27th. Avenue Suite, Apt. #, Etc. City Miami	
		State	Zip Code
		FL	33133
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 3/8/97 REGISTERED AGENT MUST SIGN			
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.)			
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3/10/97 (305) 378-9167 Daytime Phone #	

CR2E040 (12/96)