PLEASE READ	ALL INSTRUC	CTIONS BEFORE	COMPLE	TING THIS FORM.	
APPLICATION		PARTMENT OF STATE	Ξ		
FOR	¥	ra B. Mortham			
REINSTATEMENT	Secretary of State  DIVISION OF CORPORATIONS				
Difficient of Costs Clinification			The free last		
DOCUMENT # P-95000087905  1. Corporation Name			98 JUN 25 PM 3: 44		
CONSTRUIR INTERNATIONAL BUSINESS ENTERPRISE			SECRETARY OF STATE		
(CIPE), INC.			1	SECRETARY OF STATE FALLAHASSEE, FLORIDA	
Principal Place of Business	Mailing Address				
7444 UNIVERSAL BLVD ORLANDO FL 32819	SAME	SAME 7444 UNIVERSAL BLVD			
OKDANDO PD 32019		ORLANDO FL 32819		_	Λ,
			DEIN	QTATEBAERITQ7-9	<b>(</b>
If above addresses are incorrect in any way, line through incorrect info.  2. New Principal Office Address, II Applicable 3 New Mailing		on and enter correction below, e Address, If Applicable	Date Incorporated or Qualified		
Suite, Apt. #, etc.	Suite, Apt #, etc.			To Do Business in Florida 11/15/1995	
			5. FEI Number Applied For		Or
City & State	City & State		59-33	45995 Not Appli	
Zip Country	Zip	Country		TE OF STATUS DESIRED S8.75 Additional Fee re	quired : atus
7. Names and Street Addresses of Each Officer and	I/or Director (Florida nor	profit corporations must list at li	east 3 directors)		
Name of Officers and/or Directors		Street Address of Each	ıo	City / State / Zip	
1 2	3 -	(Do NOT Use Post Office Box	Numbers)	4	
P/S/T ANTONIO A. SILVA	13:	l Seabreeze Ci	rcle	Kissimmee, FL 34743	
			7	00002576137	·
				-06/30/3801046020	
				****908.75 ****908.7	5
				60	71
		<u> </u>			
8. Name and Address of Current	Registered Agent		9. Name and	Address of New Registered Agent	
	Name	<u> </u>			
RAMOS, JOSE L. 1607 PARK LAKE	Street Address	Street Address (P.O. Box Number is Not Acceptable)			
ORTANDO, FL 32803			Address (P.O. Box Number is Not Acceptable)  131 Seabreeze Circle  Apt. #, Etc.		
		<u> </u>		Cute 12 Code	
			ISSIMMEE State Zip Code 34743		}
10. I, being appointed the registered agent of the ab	eve named corporation, i	am familiar with and accept the	obligations of Se	clion 607.0505, F.S.	
Signature of Registered Agent	,	UOT OLON		Date 6/22/1998	
R	· · · · · · · · · · · · · · · · · · ·				
<ol> <li>This corporation owes or h Intangible Personal Proper</li> </ol>			No⊠	(See other side for information on infangible tax.)	
intangible reisonal Proper	ty tax due Juli	e 50. 1es <b>L</b>		<u> </u>	
12. I certify that I am an officer or director or the receiths reinstatement application, the reason for diss				hapter 607 or 617, F.S. I further certify that when file is of section 607.0401 or 617,0401, F.S., that all fee	
	names of individuals list-	ed on this form do not qualify fo	ir an exemption u	inder section 119.07(3)(i), F.S. The information inde	

6/22/98 (407) 345-0156
Daylime Phone #

ANTONIO A. SILVA - Pres.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR