

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 96-97
REINSTATEMENT



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

APPROVED
AND
FILED

97 JUN 18 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000093764

1. Corporation Name
RORIZ BUSINESS CORP.

Principal Place of Business Mailing Address
25 S.E. 2 Ave # 201
Miami, Fl.
33131

REINSTATEMENT 96-97

J. Vega
6/18/97

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

2. New Principal Office Address, if Applicable 25 S.E. 2 Ave Suite, Apt. #, etc. 201 City & State Miami - Fl Zip 33131		3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 12-11-1996	
				5. FEI Number 65-0629097	
				Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

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
DPS	Roriz, Ricardo	Rua Siqueira Campos 143 S.L.22	Rio de Janeiro, 22031-070, Copacabana, Brazil
			200002220692--2 -06/24/97--01002--013 ***915.00 ***915.00

8. Name and Address of Current Registered Agent

RICARDO M DE SA RORIZ
6320 Hutchinson Rd
Miami Lakes, Fl. 33014

9. Name and Address of New Registered Agent

Name
JOSE M. VEGA
Street Address (P.O. Box Number is Not Acceptable)
25 S.E. 2 Ave # 201
Suite, Apt. #, Etc.
201
City
Miami,
State
FL
Zip Code
33131

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 J. Vega Jose M. Vega Date 6/16/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(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)(j), 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: Ricardo Machado de Sa Roriz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/97 (305)539-9050
Date Daytime Phone #

CR2E040 (12/95)