

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 OCT -1 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Brazilian Business Information, Inc. *P9600016718*

Principal Place of Business

600 Brickell Avenue
Suite 301 K
Miami, Florida 33131

Mailing Address

232 SW 8 Street
Miami, Florida 33140

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

2. New Principal Office Address, If Applicable

600 Brickell Avenue

Suite, Apt. #, etc.

Suite 301 K

City & State

Miami, Florida

Zip

33131

Country

Dade

3. New Mailing Office Address, If Applicable

232 SW 8 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33140

Country

Dade

4. Date Incorporated or Qualified To Do Business in Florida

2 February 1996

5. FEI Number

65-0639975

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$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/D	Carlos Valdesuso	232 SW 8 Street	Miami, Florida 33140
			500003009235--2 -10/07/99--01088--007 ****908.75 ****908.75

REINSTATEMENT *9899* **TS**

8. Name and Address of Current Registered Agent

Jorge H. Ramos
2250 SW 3rd Avenue
5th Floor
Miami, Florida 33129

9. Name and Address of New Registered Agent

Name
Cesar J. Valdesuso
Street Address (P.O. Box Number is Not Acceptable)
232 SW 8 Street
Suite, Apt. #, Etc.
City
Miami
State
FL
Zip Code
33140

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

Carlos Valdesuso

REGISTERED AGENT MUST SIGN

Date

9-27-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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)(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:

Carlos Valdesuso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos Valdesuso
Date *9/27/99*

(305) 377-3336

Date

Daytime Phone #

CR2001 (12/98)