

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000019663

1. Corporation Name
DADE COUNTY BIOCONVERSION CORPORATION

Principal Place of Business Mailing Address
3191 Coral Way, Third Floor
Miami, FL 33145

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

2 New Principal Office Address, If Applicable

201 S. Biscayne Blvd.

Suite, Apt. #, etc

#2500

City & State

Miami, Florida

Zip **33131**

Country

USA

3 New Mailing Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida **03/04/96**

5. FEI Number

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)

REINSTATEMENT 97-99 B 5/12/99

Title(s)	Name of Officers and/or Directors	Street Address (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Jose L. Ferre	100 Brickell Ave., #420	Miami, FL 33131
D	Orlando Garcia, Jr.	31 Short Drive North	Miami, FL 33132
D	Erelio Pena	5821 SW 17th Street	Miami, FL 33155
D	Julio G. Rebull	8982 SW 8th Terrace	Miami, FL 33174
D	Pedro Roig	636 Navarre	Coral Gables, FL 33134
D	Antonio R. Zamora	201 S. Biscayne Blvd., #2500	Miami, FL 33131

8. Name and Address of Current Registered Agent

George S. Zamora
3191 Coral Way, Third Floor
Miami, FL 33145

9. Name and Address of New Registered Agent

Name **Antonio R. Zamora**
Street Address (P.O. Box Number is Not Acceptable)
201 S. Biscayne Blvd., #2500
Suite, Apt. #, Etc
Miami
City
7000002885127--0
-05/25/99
*****1050.FL ***1050.00**

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

Antonio R.

REGISTERED AGENT MUST SIGN

Zamora

Date **05/04/99**

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 individual's listed on this form do not qualify for an exemption under section 119 07(3)(b), 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

05/04/99

(305) 379-5574

Date

Daytime Phone #

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