PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	PORATION TATEMENT		Kather Secreta	RTMENT OF STATE rine Harris ary of State corporations			FILED IL20 AMIO:	52		
DOCUMENT # P9600030555 1. Corporation Name						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
In	ternatio	onal Ne	et Corp							
2. Principal O	ffice Address	 	3. Mailing Office Add				0.0			
4128_28th St. N.			4128 28	DEINIC	TAT	TEMENT	() () () + 18			
Suite, Apt. #, etc.			Suite, Apt. #, etc.					010 0		
00.00					4. Date Incorp			1/1996		
St. Petersburg FL			City & State	5. EEL Numbe	_ ^	<u> </u>	- Applied For-			
34. 78 Zip	Countr		St. Petersk	Country	<u>59 - 3</u>	379	<u> </u>	Not Applicable		
33714	(\$0°)	USA	33714	USA -		OF STATU		Additional Fee require Certificate of Status		
	ereces of the second of	e e e e e e e e e e e e e e e e e e e		Address of Current Registe	red Agent	-				
	Street Address (P.O. Box Number is Not Acceptable) 4128 28th 5t. N. Suite, Apt. #, Etc. City St. Petersburg					DDDDD3351100- 7 -08/09/00-01079-008 ****1050.00 ***1050.00 State Zip Code FL 33714-39ZO				
Signature of Registered Age	ent Ann	us Ma	GISTERED AGENT MUS		Select of Selection of Selectio	on 607.050 Date _	5 or 617.0503, F.S.)		
Titles	and Street Addresses of Each Officer and/or Director (Florida nonprofi Name of Officers and/or Directors			Street Address of Eacl	Street Address of Each Officer and/or Director			City / State / Zip		
PISID	James	-MARIN	3 412	8-28th St. N	1.	51. P	etersburg	FL 33714		
								<u>L</u> 8		
this reinsta owed by th	itement application, le corporation have	the reason for disso been paid and the n	olution has been eliminate names of individuals listed	to execute this application as p d, the corporate name satisfies on this form do not qualify for me legal effect as if made unde	s the requirements an exemption unde	of section (607.0401 or 617.0401.	F.S., that all fees		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES MACINO

SIGNATURE: