

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

DOCUMENT # P96000040901

1. Corporation Name

DICHMANN INTERNATIONAL, INC.

97 DEC -1 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
100 N BISCAYNE BLVD #3000
MIAMI FL 33132

Mailing Address
100 N BISCAYNE BLVD #3000
MIAMI FL 33132



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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	05/06/1996
City & State	City & State	5. FEI Number
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status <input type="checkbox"/> Not Applicable

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	DICHMANN, FRANK	MANNHEIME STR 12 74072 Raiffeisenstraße 38	HEILBRONN-GERMANY 74906 Bad Rappenau, Germany
D	MEIER, WOLF-M Heydasch, Axel	100 N BISC BLVD #3000	MIAMI FL 33132 900002373463--3 -12/16/97--01069--003 ****758.75 ****758.75

REINSTATEMENT *97*

G. Allen
12/11/97

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent		
HEYDASCH, AXEL 100 N BISCAYNE BLVD #3000 MIAMI FL 33132	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	Suite, Apt. #, Etc.		
	City	State	Zip Code
	FL		

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

Frank Dichmann

REGISTERED AGENT MUST SIGN

Date *Dec 26 '97*

11. This corporation owes or has paid 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: <i>Frank Dichmann</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <i>11/20/97</i>	Daytime Phone #
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