

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

98 APR - 9 AM 6:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000047155**

1. Corporation Name
AMPLEXUS INTERNATIONAL, INC.

Principal Place of Business
9925 NW 32ND ST.
MIAMI FL 33172

Mailing Address
9925 NW 32ND ST.
MIAMI FL 33172



REINSTATEMENT 97

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

2. New Principal Office Address, If Applicable 7907 N.W. 53 STREET Suite, Apt. #, etc. 118		3. New Mailing Office Address, If Applicable 7907 N.W. 53 STREET Suite, Apt. #, etc. 118		4. Date Incorporated or Qualified To Do Business in Florida 06/04/1996	
City & State MIAMI, FL		City & State MIAMI FL		5. FEI Number 65-0668499	
Zip 33165 Country U.S.		Zip 33165 Country		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)

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
D	PALM, TIRSO	9925 NW 32ND ST.	MIAMI FL 33172
D	PALM, GUILLERMO	9925 NW 32ND ST.	MIAMI FL 33172
D	RUBIO, ALBERTO	9925 NW 32ND ST.	MIAMI FL 33172
D	MENDEL, FREDDY	9925 NW 32ND ST.	MIAMI FL 33172

100002485461--3
-04/10/98--01103--017
***900.00 ***900.00

8. Name and Address of Current Registered Agent MESA, MANUEL A 1000 BRICKELL AVE., STE. 600 MIAMI FL 33131		9. Name and Address of New Registered Agent Name REINSTATEMENT 97-98 Suite, Apt. #, Etc. 5E 4-10-98 City State FL Zip Code	
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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: *[Signature]* Date: **12/22/97**
REGISTERED AGENT MUST SIGN

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)(f), 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]* an Director and Atty in Fact Date: **12/22/97** Daytime Phone #: **305-377-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRF040 (8/97)