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APPLICATION FOR REINSTATEMENT



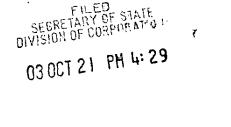
FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000055533**

1. Corporation Name

R-VENTURE, CORP.



Date to A Division of Division	 <u>-</u> -								
Principal Place of Business Mailing Addre	ess		I CERCLER IN	I 1814 A BORN BANK BANK ABNIK BANGK BANGK BANGK BANGK AKIRA ANGA NIKI 1881					
7000 N.C. 471.00 UPC	MICONATO NATIONAL PROPERTY NAT								
			DERASE						
If above addresses are incorrect in any way, line through incorrect in	dermation and enter or	arraction below	WEINS	STATEMENT 03					
, , , , ,	ng Office Address, If A		Date Incorporate	orated or Qualified					
6350 N.E. 47H AVE 6350 Suite, Apt. #, etc. Suite, Apt. #.			To Do Business in Florida 07/01/1996						
Suite, Apt. #, etc.	eic.		5. FEI Number Applied For						
City & State MIAMI-, FC City & State	MIAMI, FC		65-0679874 Not Applicable						
Zip 33138 Country USA Zip 331	I Country			OF STATUS DESIRED					
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			City / State / Zip					
SR DESCRIPTION	A MANI CARDENC DO			HOLLINGOS PL 15665					
EVT REDOZO, ROBERT	7000 N.E. 17H 08UNT			THE SHAPE					
	<u> </u>								
D/P REBOZO, ROBERT I.	6350 N	1,E. 477	4 AVE,	MIAMI, FL 33/38					
D/P REBOZO, ROBERTI.	6350 N	iE. 47%	LAVE.	MIAMI, FL 33138					
			200	nn>3965942					
			10/21/	0023965942 ⁾³⁰¹⁰⁴⁴⁰⁰⁹ **150.00					
8. Name and Address of Current Registered Age	nt		9. Name and A	ddress of New Registered Agent					
NEDOZO, NOSENT	-		SEZT ŁEBOZO O. Box Number is Not Acceptable)						
Suite Apt. #. Etc.									
MINIM PE 00100	,,								
		City MIAN	11	State Zip Code FL 33134					
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. or 617.0505, F.S.									
Signature of	13 188	`		10/10/					
Signature of Registered Agent Date 10/18/03 REGISTERED AGENT MUST SIGN									
	11 Locality that Lambar discourse discourse the proteins as a track a property of the control of								

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

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0/18/03 305-759-1410 Date Davime Phone #