

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM *page 1 of 3*

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 31 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000058287**

1. Corporation Name

COMFREY CORPORATION

Principal Place of Business

Mailing Address

520 BRICKELL KEY KEY DRIVE
SUITE 0-305
MIAMI FL 33131

520 BRICKELL KEY KEY DRIVE
SUITE 0-305
MIAMI FL 33131

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

07/10/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

APPLIED FOR

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PS	DA SILVA ANTUNES, CARLOS MANUEL	520 BRICKELL KEY DRIVE, SUITE 0-	MIAMI FL 33131
AS	HABER, ROBERT	520 BRICKELL KEY KEY DRIVE	MIAMI FL 33131

UD UBR: TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FREEMAN, STEPHEN A
520 BRICKELL KEY KEY DRIVE
SUITE 0-305
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date *OCT 18, 2000*

11. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 18, 2000 (305) 378-3800
Date Daytime Phone #

CR2E040 (8/00)

FREEMAN, BUTTERMAN, HABER & ROJAS, LLP.
ATTORNEYS AT LAW

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*** Also admitted in Brazil

October 18, 2000

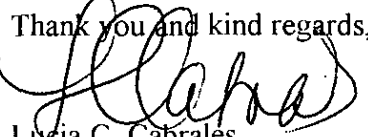
Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Comfrey Corporation

On October 16th, 2000 we received a *Notice of Administrative Dissolution or Revocation* for the above referenced corporation. Please note that the Uniform Business Report for this corporation was filed on September 6th, 2000 and sent along with the annual maintenance of \$150.00 (check #2598). The Federal Employment Identification Number was applied for in September, but to date we have not received the number nor have we received any correspondence from yourselves or the Internal Revenue Service.

Pursuant to my telephone conversation with the Florida Department of State, please find enclosed the Notice of Dissolution duly signed and a copy of the SS4 form. For your information I have sent a fax to the Internal Revenue Service re-applying for the FEI Number.

I hope this information is of help to you. Should you have any questions in reference to this matter, please do not hesitate to contact me.

Thank you and kind regards,

Lucia C. Cabrales
Corporate Account Manager

