

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

00 APR 20 PM 1:52

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
 Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # P96000073521**

ALFORT INTERNATIONAL CORP
5570 N.W. 84 AVENUE
MIAMI FL 33166

3. Date Incorporated or Qualified To Do Business in Florida: **09/04/96**
 4. FEI Number: **65-0816393**
 FEI Number Applied For: _____
 FEI Number Not Applicable: _____
 5. **\$8.75 Additional Fee required for a Certificate of Status**
CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and/or Director			
1. Title	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 and State
P-T-S	DI CAMPLI, ROBERTO C	4429 N.W. 93 CT DORAL MIAMI, FLORIDA 33178	MIAMI FLORIDA 33178
			100003219711--2 -04/24/00--01023--001 ****308.75 ****308.75 LS

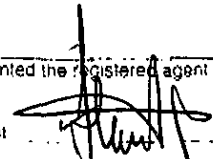
REINSTATEMENT

99-00

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

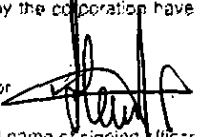
8. Name and Address of New Registered Agent and/or Office
 Name: **ROBERTO DI CAMPLI**
 Street Address (Do NOT Use P.O. Box Number): **4429 N.W. 93 CT - DORAL**
 Street Address (Do NOT Use P.O. Box Number): _____
 City and State: **MIAMI FL.** Zip: **33178**

9. 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:  Date: **04/19/00**
 REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director:  Date: **04/19/00** Daytime Phone #: **(305) 436-1012**
 Typed or printed name of signing officer or director: **ROBERTO DI CAMPLI - PRESIDENT**