

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 DEC 27 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000033139

1. Corporation Name

U & B INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

21205 YACHT CLUB DRIVE  
UNIT 1607  
AVENTURAS FL 33180

21205 YACHT CLUB DRIVE  
UNIT 1607  
AVENTURAS FL 33180

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

99

4. Date Incorporated or Qualified  
To Do Business in Florida

04/11/1997

5. FEI Number

65-0804945

Applied For

Not Applicable

6. CERTIFICATE 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
PD	BARRERA, JOSE U.	CALLE 18 #69-05	BOGOTA CO S.AME
D	BARRERA, LILIANA	CALLE 18 #69-05	BOGOTA CO S. AM
D	BARRERA, GIOVANNA	CALLE 18 #69-05	BOGOTA CO S. AM

600003087576--3  
-01/04/00--01066--004  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARVESU, MANUEL M. ESQ.  
2121 PONCE DE LEON BLVD.  
SUITE 920  
MIAMI FL 33134

Name BARRERA, JOSE U.  
Street Address (P.O. Box Number is Not Acceptable)  
21205 Yacht Club Drive  
Suite, Apt. #, Etc.  
UNIT 1607  
City AVENTURAS FL 33180 State FL Zip Code 33180

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

Signed: Jose U. Barrera  
REGISTERED AGENT MUST SIGN

Date Dec 22/99

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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 10/99 (571) 292-515  
Date Daytime Phone #  
B0607A-COL

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