


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DOCUMENT # P97000043691

1. Corporation Name

Brazilian Swimwear Import and Export, Inc.

000004562720--5  
-08/29/01--01094--014  
\*\*\*908.75 \*\*\*908.75

2. Principal Office Address 2121 Ponce de Leon Blvd.		3. Mailing Office Address 2121 Ponce de Leon Blvd.	
Suite, Apt. #, etc. 430		Suite, Apt. #, etc. 430	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33134	Country USA	Zip 33134	Country USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida 05/12/97	
5. FEI Number 65-0311655	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
George J. DeFabio, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
2121 Ponce de Leon Blvd.

Suite, Apt. #, Etc.  
430

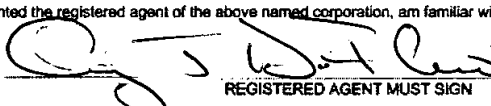
City  
Coral Gables

State  
FL

Zip Code  
33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent



Date  
8/20/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V.P.	Ana T. Diaz	Barao de Jaguaribe 297-#601	Ipanema, Rio de Janeiro - Brazil
Director	Mauricio Oliveira	Jardim Oceanico Barra Da No: 99 #202	Tijuca, Rio de Janeiro Brazil

REINSTATEMENT 2000-01

10. 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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mauricio Oliveira 07-27-00 (305) 448-7200

Date

Daytime Phone #