

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**99/00 UBR**  
 CORPORATION REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 00 OCT 13 PM 1:22

DOCUMENT # P97000069433

1. Corporation Name  
 Swiss Supply Direct, Inc.

2. Principal Office Address  
 999 Brickell Avenue

Suite, Apt. #, etc.  
 # 500

City & State  
 Miami, Florida

Zip Country  
 33131 U.S.A.

3. Mailing Office Address  
 999 Brickell Avenue

Suite, Apt. #, etc.  
 # 500

City & State  
 Miami, Florida

Zip Country  
 33131 U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida  
 August 11, 1997

5. FEI Number  
 65-0775741

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
 Rebecca Nachlas, Esq.

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

Suite, Apt. #, Etc.  
 #500

City  
 Miami

100003436381-1  
 -10/24/00--01023--004  
 \*\*\*\*308.75 \*\*\*\*308.75

State Zip Code  
 FL 33131

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  
 Rebecca Nachlas  
 REGISTERED AGENT MUST SIGN

Date 10/12/2000

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
P	Melvyn Franks	999 Brickell Avenue	Miami, FL 33131

10. I certify that I am an officer or director, 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: MELVYN FRANKS 10/12/00 305 379 2221  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)

# SWISS SUPPLY DIRECT, INC.

999 Brickell Avenue  
Suite 500  
Miami, Florida 33131

Tel (305) 379-2221  
Fax (305) 379-2226

October 12, 2000

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

**RE: Reinstatement of Swiss Supply Direct, Inc., Document # P97000069433**


Dear Sir or Madam:

Enclosed please find an application for reinstatement as well as a check for \$308.75 for the reinstatement fee and the certificate of status. I've also enclosed a stamp addressed envelope to return the certificate of status.

Our corporation was dissolved on September 24, 1999. We were unaware of this as we did not receive notice from your department. An assistant from your department, Kristen, advised me to write this letter with our application to explain why our corporation was dissolved.

Thank you for your assistance in processing our reinstatement application and if you need further information please don't hesitate to contact us.

Sincerely,



Melvyn Franks

enclosures

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