

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE
 CORPORATION REINSTATEMENT
 Harris
 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

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
