

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. NOV 13 2001

APPLICATION FOR REINSTATEMENT

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



FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 01 NOV 16 PM 3:54

DOCUMENT # P97000073192

1. Corporation Name  
**CELLOPRESS, INC.**

Principal Place of Business Mailing Address  
 PO BOX 593213 PO BOX 593213  
 ORLANDO FL 32859-3213 ORLANDO FL 32859-3213



**REINSTATEMENT** 01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. New Mailing Office Address, If Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida  
 08/22/1997

5. FEI Number  
 65-0947620 Applied For  
 Not Applicable

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

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	GARCIA, SUELI	ESTR. DO RIO GRANDE 3559	JACAREPAGUA RJ BRAZIL 22723
VPD	GARCIA, RODRIGO	ESTR. DO RIO GRANDE 3559	JACAREPAGUA RJ BRAZIL 22723
SD	GARCIA, ALEXANDRE	ESTR. DO RIO GRANDE 3559	JACAREPAGUA RJ BRAZIL 22723
TD	GARCIA, JOSE CARLOS	ESTR. DO RIO GRANDE 3559	JACAREPAGUA RJ BRAZIL 22723

500004703275--5  
 -12/04/01-01010-012  
 \*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

~~NELSON, GARRY ESG~~  
~~1401 BRICKELL AVENUE~~  
~~SUITE 300~~  
~~MIAMI FL 33131~~

9. Name and Address of New Registered Agent

Name  
**Rodrigo Affonso Silva**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13957 Osprey Links rd#89**  
 Suite, Apt. #, Etc.  
**89**  
 City  
**Orlando** State **FL** Zip Code **32837**

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 Rodrigo Affonso Silva Date 11-08-2001

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

SIGNATURE: Rodrigo Affonso Silva 11-08-2001 407-341-5338  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #