

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 DEC 28 PM 3:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000090215

1. Corporation Name

INTERNATIONAL BEEF INC.

Principal Place of Business	Mailing Address
8320 W SUNRISE BLVD PLANTATION FL 33322	8320 W SUNRISE BLVD PLANTATION FL 33322

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/14/1997	
City & State		City & State		5. FEI Number	
Zip		Country		65-0817746	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MAZAR, SHIMON	8320 W SUNRISE BLVD	PLANTATION FL 33322
			400002730154--4 -01/05/99--01036--016 ***150.00 ***150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MAZAR, SHIMON 8320 W SUNRISE BLVD PLANTATION FL 33322		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

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: SIGNATURE REQUIRED Date: Dec 20 - 98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: SIGNATURE REQUIRED Date: Dec 20 98 Daytime Phone #: (954) 791-1101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/98)

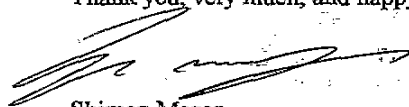
(2)

Florida Dept. of State
re: Waive of Reinstatement fee
Document # p97000090215
International beef, inc.

Dec. 22, 1998

As per my telephone conversation with one of your representatives, earlier today (Dec. 22, 1998) I am requesting in writing a wave of the reinstatement fee, due to the reason that we never received the annual renewal notice, and since this is our first year, we were not aware of renewal procedures. After speaking to your representative on the phone she said, that twice the mail came back to you not received by us. I do not know the reason why, meanwhile I will check with the post office. I was also instructed to send a check for \$ 150.00 renewal fee, which I have included. I hope you will consider my request and waive all late fees and penalties and I assure you all payment will be on time from now on.

Thank you, very much, and happy holidays.



Shimon Mazar