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## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION			EPARTMENT OF STATE  Jim Smith  Cretary of State  ON OF CORPORATIONS	ΤĘ		FILED 02 OCT -8 PM 1: 19	
DOOLINENT # D000000000					s .	CENTETERY OF STATE	
DOCUMENT # P98000028973					`"	SECRET, BY OF STATE TALLMINSULE, FLORIDA	
1. Corporation Name					!	Hammada Comment	
CADIZ INTERNATIONAL CORP.							
e.				, <del>- 1</del>	13 14	700000400407	
				-	: 10710	<b>700008402427</b> 5/0201049018 **300.00	
£. *	Il Office Address	3. Mailing Office Address 5401 NW-79 AVE.			10/10	3/U2==01043==010 **300.00	
·	W 79 AVE.	<u> </u>				•	
Suite, Apt. #	f, etc	. Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 3-30-98			
City & State	J	City & State					
MIAMI, FL		MIAMI, FL			5. FEI Number Applied For Not Applied by Not Applied For Not A		
Zip	Country	Zip	Country	-	-6.		
33166	US	_33166	US	٠,	CERTIFICATE	OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status	
7. Name and Address of Current Registered Agent							
Name RAUL R. ISUSI							
Street Address (P.O. Box Number is Not Acceptable) 5401 NW 79 AVE.  Suite, Apt. #, Etc.							
A L bains	appointed the registered agent of the alf-	ve pared combest	ion Am familiar with and accent	t the oh	linations of section	on 607 0505 or 617 0503. F.S.	
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						10-07-02 Date	
REGISTERED AGENT MUST SIGN							
9. Names	and Street Addresses of Each Officer an	d/or Director (Florid	a nonprofit corporations must lis	st at lea	est 3 directors)		
Titles				reet Address of Each ficer and/or Director		City / State / Zip	
P/D	RAUL R. ISUSI	5	401 NW 79 AVE.		,	MIAMI, FL 33166	
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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 feesowed 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  Daytime Phone #							
	SIGNATURE AND TYPED OR P	INTED NAME OF SIG	NING OFFICER OR DIRECTOR			Date Daytime Phone #	

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TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2002 UNIFORM BUSINESS REPORT (FIRST NOR SECOND NOTICE OF THE UBR). I HAVE NOT CHANGED MY PRINCIPAL OR MAILING ADDRESS SINCE 9-01-1999.

I MADE A CHANGE IN BANKING ACCOUNTS WHEN I FOUND OUT THAT I WAS NOT ACTIVE WITH YOUR OFFICE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY

RAUJ∠R. ISUSÍ

PRÉSIDENT