

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 4 PM 4:26

CORPORATION REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000037989**
1. Corporation Name
ACQUINVEST, INC

2. Principal Office Address
6900 BAY DRIVE
Suite, Apt. #, etc.
5-H
City & State
MIAMI BEACH, FL
Zip Country
33141 U.S.A.

3. Mailing Office Address
SAME AS 2
Suite, Apt. #, etc.
City & State
Zip Country

REINSTATEMENT

00-01

4. Date Incorporated or Qualified To Do Business in Florida **4/27/98**


5. FEI Number **65-0831134** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
KALAS, KOSMAS A.
Street Address (P.O. Box Number is Not Acceptable)
6900 BAY DRIVE
Suite, Apt. #, Etc.
5-H
City
MIAMI BEACH State Zip Code
FL 33141

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0608 or 617.0603, F.S.

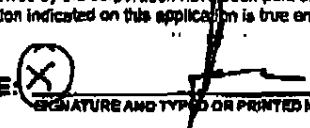
Signature of Registered Agent  Date **4/3/01**

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	KALAS, KOSMAS A.	6900 BAY DR STE 5-H	MIAMI BEACH, FL 33141

10. I certify that I am an officer or director of 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  Date **4/3/01** Daytime Phone # **305-865-6499**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZEMT (USE)

AL

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

ACQUINVEST, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$908.75