


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 PM 4:16

DOCUMENT # **P99000053125**

1. Corporation Name
AMERISTAR EXPORT CORPORATION

Principal Place of Business 3000 NE 190 ST % D BAENA APT 1120 MIAMI FL 33150	Mailing Address 3000 NE 190 ST % D BAENA APT 1120 MIAMI FL 33150
--	--



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 73-08 Pine Forest Cir Suite, Apt. #, etc. LAKE WORTH City & State FLORIDA Zip 33463 Country Palm Beach	3. New Mailing Office Address, If Applicable 73-08 Pine Forest Cir Suite, Apt. #, etc. LAKE WORTH City & State FLORIDA Zip 33463 Country Palm Beach	4. Date Incorporated or Qualified To Do Business in Florida 06/11/1999
5. FEI Number 22-3686178		Applied For <input type="checkbox"/> 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	4 City / State / Zip
P	BAENA, DOUGLASS W	3000 NE 190 ST	MIAMI FL 33180
VP	MESSINA, JOSEPH J	444 MADISON AVE	NEW YORK NY 10022

000004685340--4
-11/16/01--01056--009
****750.00 ****750.00

JA wks

8. Name and Address of Current Registered Agent NRAI SERVICES, INC. 528 E PARK AVE. TALLAHASSEE FL 32301	9. Name and Address of New Registered Agent Name SCOTT BAENA Street Address (P.O. Box Number is Not Acceptable) STE 2500, First Union Center Suite, Apt. #, Etc. STE 2500 City Miami State FL Zip Code 33131-2336
--	---

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] Date 11/24/01
REGISTERED AGENT MUST SIGN

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: [Signature] **DOUGLASS W. BAENA**, Pres 10/23/01 917-952-5374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (9/01)