

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
01 MAY 21 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000058225

1. Corporation Name

Frulite International, Corp.

REINSTATEMENT

06/09/00 90008030158X

2. Principal Office Address		3. Mailing Office Address	
5973 S. University Dr.		5973 S. University Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Davie, FL		Davie, FL	
Zip	Country	Zip	Country
33328	USA	33328	USA

4. Date Incorporated or Qualified To Do Business in Florida	
06/28/99	
5. FEI Number	Applied For
65-0938284	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
\$3.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name	
Lozano, Dazury	
Street Address (P.O. Box Number is Not Acceptable)	
5973 S. University Dr.	
Suite, Apt. #, Etc.	
City	State
Davie	FL
Zip Code	
33328	

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

Dazury Lozano

REGISTERED AGENT MUST SIGN

Date 05-15-01

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P/S/T	Lozano, Dazury	5973 S. University Dr.	Davie, FL 33328
	750.00-Adm		

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 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:

Dazury Lozano DAZURY LOZANO

04-04-01

(305) 949-3352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #