


APPLICATION FOR REINSTATEMENT



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

FILED
 00 OCT 16 PM 12:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P99000093899
 1. Corporation Name
 HAITTEL INTERNATIONAL, INC.

Principal Place of Business 1732 Breakers West Boulevard
 West Palm Beach, FL 33411
 Mailing Address 1732 Breakers West Boulevard
 West Palm Beach, FL 33411

REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Address, if Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
 10/22/99

5. FEI Number
 APPLIED FOR

6. CERTIFICATE OF STATUS DESIRED \$0.75 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
PD	CINE, FRANCK N.	1732 BREAKERS WEST BOULEVARD	WEST PALM BEACH, FL 33411
VD	EXCEUS, ERNS F.	1732 BREAKERS WEST BOULEVARD	WEST PALM BEACH, FL 33411

700003441657-1
 10/27/00-01017-1
 758.75

8. Name and Address of Current Registered Agent
 ERNS F. EXCEUS
 1732 BREAKERS WEST BOULEVARD
 WEST PALM BEACH, FL 33411

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0905, F.S.
 Signature of Registered Agent: *[Signature]*
 ERNS F. EXCEUS REGISTERED AGENT MUST SIGN
 Date: 10-10-00

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]*
 FRANK N. CINE, PRESIDENT
 Date: 10/10/00
 Daytime Phone: _____