FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 SEP -5 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P99000105335

300007631538--3
-09/10/02--01037--031
****900.00 ****900.00

1. Corporation Name
Neapor Florida, Inc.

REINSTATEMENT 01-02

2. Principal Office Address	3. Mailing Office Address
88 N.E. 168 Street	C/O Antonio F De Chaves
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Av. de Sintra Cascais
City & State: North Miami Beach Fl.	City & State: Navandas - Cascais
Zip: 33162 Country: USA	Zip: 2750 Country: Portugal

4. Date Incorporated or Qualified To Do Business in Florida 7/6/99

5. FEI Number — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — Additional Fee Required — Certificate of Status

7. Name and Address of Current Registered Agent

Name: Theodore J Klein

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.: 88 NE 168th St

City: North Miami Beach | State: FL | Zip Code: 33162

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: [signature] Date: 9/3/02

(REGISTERED AGENT MUST SIGN)

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
DP	Antonio Chavez	2750 Cascais	Portugal
DVS	Alicia De Chavez	2750 Cascais	Portugal

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 the 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] Antonio Chavez, President 06-08-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/5/02