


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P99000110490</b> 1. Entity Name <b>MULTIMODAL INTERNATIONAL, INC.</b>					
Principal Place of Business <b>201 ALHMABRA CIRCLE SUITE 711 CORAL GABLES, FL 33134</b>			Mailing Address <b>201 ALHMABRA CIRCLE SUITE 711 CORAL GABLES, FL 33134</b>		
2. Principal Place of Business <b>7933 NW 21 Street</b>			3. Mailing Address 		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State <b>Doral, FL</b>			City & State 		
Zip <b>33122</b>		Country 		Zip 	
Country 		Country 		4. FEI Number <b>65-0970459</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>RARRPORT, STEPHEN R 201 ALHMABRA CIRCLE SUITE 711 CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name 	
				Street Address (P.O. Box Number is Not Acceptable) 	
				City 	
				FL Zip Code 	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>[Signature]</i></u> DATE <u>02/28/2005</u> <small>Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$900.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DI GIACOMO, GALILEO 201 ALHAMBRA CIRCLE #711 MIAMI, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOCCARDO, HENRIQUE 201 ALHAMBRA CIRCLE #711 MIAMI, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			400054306204 05/12/05--01006--015 **308.75		
SIGNATURE: <u><i>[Signature]</i></u>			Date <u>2/28/05</u> Daytime Phone # <u>305-477-4199</u>		

FILED  
05 APR 25 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 04-05