

11/25/03 01045 006 * 750.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 22 AM 8:00

DOCUMENT # P99000111626

1. Corporation Name

St. Augustine International, Inc.

2. Principal Office Address

347 Washington Ave.
Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33139

Country
USA

3. Mailing Office Address

347 Washington Ave.
Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33139

Country
USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/1999

5. FEI Number

650971369

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Wanda Pistella P.A.

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

7385 SW 87 Avenue

Suite, Apt. #, Etc.

Suite 100

City

Miami

State

FL

Zip Code

33173

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

Wanda Pistella

Date

12/10/03

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
DPS	Fernando Canale	347 Washington Ave.	Miami Bch, FL 33139
DVP	Roberto Roberts	2600 Douglas Road # 905	Coral Gables, FL 33134

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/03

Date

305-532-0570

Daytime Phone #

CR2E081 (10/02)