


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 DEC 10 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S12509**

1. Corporation Name
Treset Corporation

Principal Place of Business Mailing Address

**1111 Kane Concourse
Ste 506
Bay Harbor Fl 33154**

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

REINSTATEMENT 1999

2. New Principal Office Address, If Applicable
**1111 Kane Concourse
Ste 506
Bay Harbor Fl 33154**

3. New Mailing Office Address, If Applicable
**780 N.W. LeJeune Rd
Suite, Apt. #, etc. 516
MIAMI, FL.
33126 MIAMI-DADE**

4. Date Incorporated or Qualified To Do Business in Florida
11/14/90

5. FEI Number
65-0262337

6. CERTIFICATE OF STATUS DESIRED **Co.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
P	Enrique Te Hamanti	1111 Kane Concourse Ste 506	Bay Harbor Fl 33156
VP	" Same "	" Same "	(same)
Sec	" same "	" same "	(same)
Treas	" (Same) "	" Same "	(same)

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-01/20/00--01011--022
****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

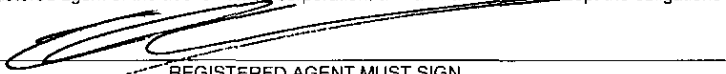
Name **Aurelio Piedra**

Street Address (P.O. Box Number is Not Acceptable)
780 NW LeJeune #516

Suite, Apt. #, Etc.
#516

City **Miami** State **FL** Zip Code **33126**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

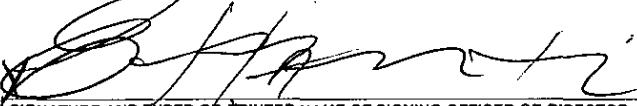
Signature of Registered Agent **X**  Date **12/8/99**

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ENRIQUE TE HAMANTI

Date **12/8/99** Daytime Phone # **(305) 443-7122**

CR2E08 (1/2/98)