

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



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

DOCUMENT # V58789

1. Corporation Name
F.A.V. INTERNATIONAL, CORP.

2. Principal Office Address
5255 NW 165 ST
Suite, Apt. #, etc.

3. Mailing Office Address
5255 NW 165 ST
Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33014
Country

Zip
33014
Country

4. Date Incorporated or Qualified To Do Business in Florida
8/18/1992

5. FEI Number
65-0359058
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
ARIAS, RICARDO J.

Street Address (P.O. Box Number is Not Acceptable)
5255 NW 165 ST. 180008813251
11/05/02--01105--019 **150.00

Suite, Apt. #, Etc.

City
MIAMI

State
FL
Zip Code
33014

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]
REGISTERED AGENT MUST SIGN

Date
10/31/02

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
D	ARIAS, ANA MARIA	5255 NW 165 ST.	MIAMI, FL 33014
D	ARIAS, RICARDO J.	5255 NW 165 ST	MIAMI, FL 33014

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 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] RICARDO J. ARIAS
Director
Date: 4/30/2002 (305) 624-4738
Daytime Phone #

CR2E081 (9/01)

20 11/12/02

CARLOS M. PAZOS, C.P.A., P.A.

Certified Public Accountant

299 Alhambra Circle, Suite 203

Miami, Florida 33134

Tel.: 305.443.1919/Fax.: 305.443.1119

cpamiami@compuserve.com

November 1, 2002

Annual Report Filings

Division of Corporations

Post Office Box 32302-1500

Tallahassee, Florida 32302-1500

**Re: F.A.V. International, Corp.
Document Number V58789**

Dear Sir/Madam:

Enclosed please find my client's annual report (UBR). Please note that I am a Certified Public Accountant licensed to practice in Florida. As part of my services I, sometimes, complete (except for signature) my clients' annual reports and mail them. My client has always relied on me to do this and that is exactly what was done this year. My clients were out of the country (China) in business and left their annual report at my office along with payment before they left. Unfortunately because of my health the annual report was not filed in time because I was out of the office to do so.

I suffer from debilitating back pain which was recently diagnosed as "Degenerative Disc Disease". The discs located in the lumbar portion of my back tend to herniate and cause me pain that sometimes renders me unable to work for weeks. I am, starting in 2002, advising my clients that they need to take steps to do deadline sensitive filings on their own.

I am asking you to, please, abate any penalties charged to my clients which have been loyal enough to allow me to continue as their accountant.

The following is my physician information for verification purposes:

Neurosurgeons: Enrique Forte, MD., retired. Mercy Hospital. Performed surgery first time disk ruptured.
305-854-9292

Sergio Gonzalez-Arias, MD. Baptist Hospital. Will eventually perform surgery.
8950 SW 88th Street
305-271-6159

Cesar Guerrero, MD. Mercy Hospital. Second Opinion.
3661 South Miami Avenue
305-856-9517

CARLOS M. PAZOS, C.P.A., P.A.

Certified Public Accountant

10840 S.W. 113th Place

Miami, Florida 33176

Tel.: 305.443.1919/Fax.: 305.443.1119

cpamiami@compuserve.com

Theodore Sarafoglu, MD. Baptist Hospital Emergency Neurosurgeon.
8950 SW 88th Street
305-271-6159

Pain Management Joseph E. Mouhanna, MD, PA
Epidural Pain Injections
Pain Management Specialist
2601 SW 37th Avenue, Suite 806
Miami, Florida 33133

Should you have any questions do not hesitate to contact me.

Sincerely,



Carlos M. Pazos, C.P.A.