PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #V71970

1. Corporation Name

SBT INTERNATIONAL CORP.

FILED
97 MAR 19 AM 8: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Basin	P(\$5)	Mailing Addres	SS.		-		
Miami	1850 NW 84 AV # 114 Miami, Fl 33126 Resses are incorrect in any way line through incorrect in any way line through incorrect in any way.		same			-a-rracnit/	107
If anyone with our second	, province to the term means line than	ough incorrect info	ormation and enter	correction below	EINS	Alemenia	Tel
New Principal Office	Address, If Applicable	3. New Mailin	g Office Address, If	Applicable	4. Date Inco	rporated or Qualified	4000
Suite, Apt. #, etc. Suite, Apt. #, €							
City & State	City & State City &		ity & State		5. FEI Numb	Applied For 55 0365308 Not Applicable	
Ζφ	Country	Z(p)	Countr	у	6. CERTIFICA	ATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Ar	ddresses of Each Officer and	or Director (Flori	da nonprofit corpora	ations must list at le	ast 3 directors)		
TiFe(s)	Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box No		r	City / State / Zip	
President E	steban C. Me	llini	14970 Be	l Aire D	rs.	Pembroke Pines	s Fl.33027
	-				1	000021199 -03/20/9701 ***1253.75	9974 146018 ***1253.75
						1923/191	97
B. Nan	me and Address of Current	Registered Agen	nt		9. Name and	Address of New Registered Age	
		Name ESTEGAN C. MELLIN;			(12/96		
٦	Street Address (P.O. Box Number is Not Acceptable) 14970 BEL AIRE DIR - 'S. Suite, Apt. #, Etc.				CB2E040 (12/96)		
10 1, being appointed th	an english and Salah ed A Salah	A.A.	otion are familiar un	City PEN	1BROXE	PINES State Z	29 027
Signature of Registered Agent	FIT	GISTERIED AGE	NT MUST SIGN	and accept the	Singarions of Ser	11.	13 '97
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 filting 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: ESTERAN C. MELLINI, PRESIDENT MAP 197 Date Date Date Date Phone *							
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