


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p> 		<p>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</p>		<p>APPROVED APR 13 1999 SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>
<p>DOCUMENT # 856565</p> <p>1. Corporation Name VANDERHANDS CORPORATION</p>		<p>Principal Place of Business Calle Sorcaima Qta. Landa, El Rosal Caracas 1010A OC</p> <p>Mailing Address c/o Ana M. de Alba 100 S.E. 2nd St., 31st Floor Miami, FL 33131</p>		<p>99 APR 13 AM 11:02</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p> <p>2. New Principal Office Address, If Applicable</p> <p>Suite, Apt #, etc</p> <p>City & State</p> <p>Zip Country</p>		<p>3. New Mailing Office Address, If Applicable</p> <p>Suite, Apt #, etc</p> <p>2 Alhambra Plaza #1202 Coral Gables, FL City & State</p> <p>Zip Country 33134 USA</p>		<p>REINSTATEMENT</p> <p>4. Date Incorporated or Qualified To Do Business in Florida 5/26/1983</p> <p>5. FEI Number 98-0063203</p> <p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p>				
1	2	3	4	
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	
P	Costillero, Cedilio A.	Bank of America Bldg.	Panama, R.P.	
S	Galindo, Gabriel A.	Bank of America Bldg.	Panama, R.P.	
T	Durling, Roy Carlos	Bank of America Bldg.	Panama, R.P.	
V	Kaufman, Ephraim	Calle Sorcaima	Caracas, Venezuela	
<p>8. Name and Address of Current Registered Agent</p> <p>Alhambra Registered Agents, Inc. 2 Alhambra Plaza, Suite 1202 Coral Gables, FL 33134</p>				
<p>9. Name and Address of New Registered Agent</p> <p>Name _____</p> <p>Street Address (P.O. Box Number is Not Acceptable) _____</p> <p>Suite, Apt #, Etc _____</p> <p>City _____ State _____ Zip Code _____</p>				
<p>I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</p> <p>Signature of Registered Agent By: Joel J. Karp, President Date: 4/12/99</p>				
<p>11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>				
<p>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.</p>				
<p>SIGNATURE:</p> <p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR EPHRAIM KAUFMAN, V.P.</p>		<p>4/8/99 Date</p> <p>(305) 445-3545 Daytime Phone #</p>		<p>CR2EOR (12/98)</p>