

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB -4 PM 4:04

DOCUMENT # 851112

1. Corporation Name

OISEE INVESTMENTS, INC.

Principal Place of Business

C/O PEDRO PERUSQUIA B.
11111 BISCAYNE BLVD., APT. 404
MIAMI FL 33181

Mailing Address

C/O CHASE MANHATTAN BANK-PAULA ARROJO
1211 AVE OF THE AMERICAS 39TH FL
NEW YORK NY 10036



REINSTATEMENT 01-02

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/23/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0285830

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 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	4 City / State / Zip
PD	BERRIZBEITIA, LUIS PERUSQUIA	11111 BISCAYNE BLVD., APT. 404	MIAMI FL 33181
			700004910997--1 -02/12/02--01030--004 ****750.00 ****750.00
			700004910997--1 -02/12/02--01030--005 ****150.00 ****150.00
			<i>15/2/5</i>

8. Name and Address of Current Registered Agent

BERRIZBEITIA, PEDRO P
11111 BISCAYNE BLVD.
APT. 404
MIAMI FL 33181

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 1/31/02

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/02
Date

(212) 464-0855
Daytime Phone #

CR2E040 (8/01)