	PLEASE READ	ALL INSTE	RUCTIONS	BEFORE C	OMPLETI	NG THIS FOF	RM.	
API REIN	FOR MENT OF	R	DEPARTME Katherine H Secretary of S ISION OF CORPO	State		ASION OF	TLELT RY OF STATE CORPORATIONS	
DOCUMENT # <b>P94000084967</b> 1. Corporation Name					00 NOV -1 PM 12: 23			
GENERAL BRANDS INTERNATIONAL CORP.								
Principal Place of Business Mailing Address								
#615 CORAL GA US	CUNE ROAD  ABLES FL 33134  ddresses are incorrect in any way, line thr	22655 LEJEUNE RD #615 CORAL GABLES FL 33134 US ough incorrect information and enter correction below.						
2. New Pri	ncipal Office Address, If Applicable	New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt.		Suite, Apt. #, etc.			5. FEI Number		11/15/1994 Applied For	
City & State		City & State				65-0536782	Not Applicable	
Zip ろろ	231 Country	Zip	Count			E 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  Name of Officers Street Address						<u> </u>		
Title(s)	and/or Directors Officer 3			fficer and/or Director	tor City / State / Zip			
PD	TOMASINO, FRANK 540 BRICKELL I			KEY DRIVE, SUIT	TE 5177 MIAMI FL 33131			
				8000034718785 -11/21/0001025012 ****150.00 ****150.00				
					# 11/12			
					•			
8. Name and Address of Current Registered Agent Name					9. Name and A	Address of New Regist	ered Agent	
TOMASINO, FRANK M				Street Address (P.O. Box Number is Not Acceptable)				
2655 LEJEUNE RD. SUITE 615				Suite, Apt. #, Etc.				
ODDÁL CARLEC EL COMO				City	City State Zip Code			
10. I, being	g appointed the registere agent of the ab	ove narood corpor	ration, am familiar v	with and accept the o	bligations of Sect	ion 607.0505, F.S.		
Signature of Registered Agent Date 10-28-00  REGISTERED AGENT MUST SIGN								
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 filling 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.								
305								
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #								



## General Brands International P.O. Box 310215

Miami, FL 33231

October 27, 2000

Dear Sir or Madam:

This letter is in regards to the recent Administrative Dissolution / Revocation notice we received from your office.

Due to moving our offices in March we did not receive the Uniform Business Report in the mail. Even though the post office had a forwarding order to our new P.O. Box, we have experienced similar instances with missing mail before.

We apologize for the delay on our report. It is not our intention to dissolve General Brands Int'l.

Please find a check in the amount of \$150.00 enclosed. We hope this will resolve the misunderstanding and cover the annual fee due.

We thank you in advance.

Sincerely,

Frank Tomasino

President