

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 26 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/09/02--01001--017
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REINSTATEMENT 00-02

DOCUMENT # 207465

1. Corporation Name

40 SALAMANCA CORPORATION

2. Principal Office Address

8101 Byron Ave.

3. Mailing Office Address

L.M. QUALITY MGMT.

Suite, Apt. #, etc.

#405

Suite, Apt. #, etc.

P.O. Box 44-0915

City & State

Miami Beach Fl.

City & State

Miami, Fl.

Zip Country

33141 Dade

Zip Country

33144 Dade

4. Date Incorporated or Qualified
To Do Business in Florida

11/11/57

5. FEI Number

591636337

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED X

98.75 Additional Fee Required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LUZMARY NUNEZ

Street Address (P.O. Box Number is Not Acceptable)

8101 Byron Ave # 405

Suite, Apt. #, Etc.

Apt. 405

City

MIAMI BEACH

State

FL

Zip Code

33141

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

LuZmary Nunez - LUZMARY NUNEZ

REGISTERED AGENT MUST SIGN

Date 4/1/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	JESSELLI PATRICIA	40 Salamanca Ave #11	CoralGables, Fl. 33134
SD	JESSELLI PATRICIA	40 SALAMANCA Ave #11	CoralGables Fl. 33134
VP	O'CONNELL, RICH	40 SALAMANCA Ave.	CoralGables FL. 33134
TD	OWNEN, RICHARD	40 SALAMANCA Ave.	CoralGables Fl. 33134

10. 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)(f), 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: X

Patricia Jeselli

PATRICIA JESSELLI

4/1/02

305-864-6664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05 5/3/02