


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 98 MAR 19 PM 12:43  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # H58883**

1. Corporation Name  
**COMPASS INVESTMENT CORP.**

Principal Place of Business <b>255 ALHAMBRA CIRCLE          SUITE 600          CORAL GABLES FL 33134</b>	Mailing Address <b>255 ALHAMBRA CIRCLE          SUITE 600          CORAL GABLES FL 33134</b>
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country
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4. Date Incorporated or Qualified To Do Business in Florida <b>05/28/1985</b>
5. FEI Number <b>59-1883447</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SCHULTE, JAMES E.	255 ALHAMBRA CIRCLE 600	CORAL GABLES FL
<del>VD</del>	<del>SCHULTE, JOHN H.</del>	<del>200 S BISCAYNE BLVD 0150</del>	<del>MIAMI FL</del>
SD	SCHULTE, TOM J.	255 ALHAMBRA CIR #600	CORAL GABLES FL

7000002464127-9  
 -03/20/98--01115--027  
 \*\*\*\*300.00 \*\*\*\*900.00

**REINSTATEMENT**

LC 3-20-98

8. Name and Address of Current Registered Agent

**SCHULTE, JAMES E.  
 255 ALHAMBRA CIRCLE #600  
 CORAL GABLES FL 33134**

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State <b>FL</b>	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 *James E. Schulte* REGISTERED AGENT MUST SIGN Date **3-12-98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 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: *James E. Schulte* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **3-12-98** Daytime Phone #

CFR2040 (8/97)