PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	RPORATION STATEMENT		DEPARTMI Secretary of SION OF CORP		05 AUG	-9 AH	110: 36			
DOCUMENT # M57334 1. Corporation Name 1901 Properties, INC.					SEULINGSCE, PLORIDA SEULINGSCE, PLORIDA SEULINGSCE, PLORIDA					
2. Principal Office Address 3. Maili			Office Address		600058686376 08/17/0501004013 **1408.75					
1901	NW17 Ave	190	1901 NW 174UE							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		4. Date Incorporated or Qualified					
City & State City &			State		To Do Busi	ness in Flori		5 19°	87	
MIAMI, FL		į.	MIAMI, FL			5. FEI Number Applied For Not Applicable				
^{zip} 33	125 Country USA	331	25 6	ountry リスタ	6. CERTIFICATE	OF STATUS	DESIRED S8.75 for a	Additional F Certificate	Fee required of Status	
7. Name and Address of Current Registered Agent										
	Name Elecato Montanel Street Address (P.O. Box Number is Not Acceptable) POI NW 17 AVE Suite, Apt. #, Etc. 117 City M14M1 State Zip Code FL 33125									
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 Port Form Port For										
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)										
Titles	Name of Officers and/or Direct	Street Address of Each Officer and/or Director			City / State / Zip					
Pres	Espesto A. Montane		2333 Buckell Ave			MAI	ni, PC	3 3	129	
Pros	ERNASTO MON	Havec	3740	SW 122	-PC_	min	m, FC	33	175	
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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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR										
4	SIGNATURE AND TYPED O	R PRINTED NAME OF	SIGNING OFFICE	OR DIRECTOR	·	Date	Dosdima	Dhone #		



August 8, 2005

Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Dear Sir or Madam:

I am sending you a dissolution of 1901 Properties, Inc. that was opened in July 2005, document number (P05000102960). This filling should be dissolved and the corporation 1901 Properties Inc. document number (M57334) should be reinstated.

From 1997 to present I have not received any corporate documents. The representative explained that for the dissolution there would be a charge of \$35.00 and for the reinstatement there would be a charge of \$1,365.00 plus \$8.75 for a certificate of status. Here is a check payable to Department of State for \$1,408.75 to complete both task. Please feel free to call Ernesto Montaner if you need anything at (305) 975-7000 otherwise please execute this request as soon as possible.

Sincerely,

Ernesto Montaner Vice President

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