

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 JUN 12 AM 11:01  
 DIVISION OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N 93000005603**

1. Corporation Name  
**UNIDAD of Miami Beach, Inc.**  
**P.O. Box 416479/1701 Normandy Drive**  
**Miami Beach, Florida 33141**

Principal Place of Business Mailing Address  
**1701 Normandy Drive P.O. Box 416479**  
**Miami Beach, FL 33141 Miami Beach, FL 33141**

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

**REINSTATEMENT** *QB. 99*

4. Date Incorporated or Qualified To Do Business in Florida  
**Dec 14, 1993**

5. FEI Number  
**65-0584874**

Applied For  
 Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	<b>Victor M. Diaz Jr.</b>	<b>25 West Flagler, STE 800</b>	<b>Miami, Florida 33130</b>
V/D	<b>Matti Bower</b>	<b>1442 Jefferson Avenue</b>	<b>Miami Beach, Florida 33139</b>
T/D	<b>Victor Varela</b>	<b>6770 Indian Creek -D-10</b>	<b>Miami Beach, Florida 33141</b>
V/D 2nd	<b>Carlos Capote</b>	<b>5100 Alton Road</b>	<b>Miami Beach, Florida 33141</b>

8. Name and Address of Current Registered Agent

**Victor M. Diaz Jr.**  
**28 West Flagler, STE 800**  
**Miami, Florida 33130**

9. Name and Address of New Registered Agent

Name **Matti Bower**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1442 Jefferson Avenue**  
 Suite, Apt #, Etc.  
 City **Miami Beach** State **FL** Zip Code **33139**

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 *Matilde Bower* Date **July 6, 1999**  
 REGISTERED AGENT MUST SIGN

11. This corporation owes 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, in connection with this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0404, 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: *Matilde Bower* Date **7/6/99**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CRP2081 (12/98)