

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

04 NOV 15 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/15/04--01076--009 **900.00

REINSTATEMENT 03-09

| | | | |
|---|----------------|--|---------|
| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P00000079979 | | | |
| 1. Corporation Name FRONDOSO CORP. | | | |
| 2. Principal Office Address 201 S. Biscayne Blvd. | | 3. Mailing Office Address Same | |
| Suite, Apt. #, etc. 2500 | | Suite, Apt. #, etc. | |
| City & State Miami, FL | | City & State | |
| Zip 33131 | Country USA | Zip | Country |

| | |
|---|-------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida 08/18/2000 | |
| 5. FEI Number 651051319 | Applied For Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

| | | | |
|---|-------------|-------------------|--|
| 7. Name and Address of Current Registered Agent | | | |
| Name Antonio Zamora | | | |
| Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Blvd. | | | |
| Suite, Apt. #, Etc. 2500 | | | |
| City Miami | State FL | Zip Code 33131 | |

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: *M. H. Lewis* Date: 11-11-2004

REGISTERED AGENT MUST SIGN

| 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 Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| PD | Abraham Cababie | 19950 West Country Club Drive, Suite 900 | Aventura, FL 33180 |
| S | Antonio Zamora | 201 S. Biscayne Blvd. Suite 2500 | Miami, FL 33131 |
| | | | |
| | | | |
| | | | |

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: *M. H. Lewis* SECRETARY Date: 11-11-2004 (305) 379-5574

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (01/04)