

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN 24 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000115647

1. Corporation Name

BIARITZ GROUP INC.

800131592748
06/23/08--01048--006 **1200.00

REINSTATEMENT 01-08

2. Principal Office Address - No P.O. Box #

800 CRANDON Blvd

3. Mailing Office Address

800 CRANDON Blvd

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

KEY BISCAWNE, FL

City & State

KEY BISCAWNE

Zip

33149

Country

USA

Zip

Country

USA.

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/2000

5. FEI Number

65-1061950

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MICHELE ESTEVEZ-HAYES

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

800 CRANDON Blvd.

Suite, Apt. #, Etc.

102

City

KEY BISCAWNE

State

FL

Zip Code

33149

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Michele Estevez-Hayes
REGISTERED AGENT MUST SIGN

Date June 18, 08

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
P	MICHELE ESTEVEZ-HAYES	800 CRANDON Blvd.	KEY BISCAWNE, FL 33149
S	HORTENSIA SMITH	800 CRANDON Blvd.	KEY BISCAWNE, FL 33149
D	EDWARD QUINLAN	450 Grapevine Dr. 305	KEY BISCAWNE FL 33149
	Michele		

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 contained in Chapter 119, 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:

Michele Estevez-Hayes Michele Estevez-Hayes 6/18/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-361-3262