APR-01-03 TUE 11:51 AM FAX NO.

MAR-31-03 MON 05:15 PM FAX NO.

APPROVED AND FILED 03/03 ~~P 02/03~~ ~~P 02~~

Audit No.: H03000097339 3

'03 APR -1 AM 5:19

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000006805

1. Corporation Name
BMI Preferred, Inc.

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
1320 S. Dixie Highway	
Suite, Apt. #, etc.: 6th Floor	Suite, Apt. #, etc.
City & State: Coral Gables, Florida	City & State
Zip: 33146 County: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 01/18/2001

5. FEI Number: 65-1107765 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: Eloy de Armas

Street Address (P.O. Box Number is Not Acceptable): 1320 S. Dixie Highway

Suite, Apt. #, Etc.: 6th Floor

City: Coral Gables State: FL Zip Code: 33146

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Eloy de Armas Date: 03/31/2003
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
P	Eloy de Armas	1320 S. Dixie Highway, 6th Floor	Coral Gables, Fl 33146

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., and 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(4)(i), F.S. The information included on this application is true and accurate and the signature shall have the same legal effect as if made under oath.

SIGNATURE: Eloy de Armas Eloy de Armas 03/31/2003 (305) 443-2898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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03/31/03 MON 18:06 [TX/RX NO 6488] 002

03/31/03 MON 18:12 FAX 305 888 5019 BMI COMPANIES 002

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : RASCO, REININGER, PEREZ & ESQUENAZI, P.L.
Account Number : 104076000124
Phone : (305)476-7100
Fax Number : (305)476-7102

CORPORATION REINSTATEMENT

BMI PREFERRED, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	~~$758.75~~

$758.75