

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 14 AM 8:00

DOCUMENT # P02 000054726

1. Corporation Name

Gordonstown, Inc.

2. Principal Office Address

501 Brickell Key Drive

Suite, Apt. #, etc.

Suite 504

City & State

Miami, FL

Zip

33131

Country

USA.

3. Mailing Office Address

501 Brickell Key Drive

Suite, Apt. #, etc.

Suite 504

City & State

Miami, FL

Zip

33131

Country

USA.

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

May 17, 2002

5. FEI Number

46-0483737

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

Nicolas J. Watkins, P.A.

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

501 Brickell Key Drive

Suite, Apt. #, Etc.

Suite 504

City

Miami

State

FL

Zip Code

33131

400024656374
11/14/03--01004--025 **750 00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/11/03.

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
<u>D, P</u>	<u>Guillermo Alvarez</u>	<u>501 Brickell Key Dr., #504</u>	<u>Miami, FL 33131</u>
<u>S</u>	<u>Nicolas J. Watkins, P.A.</u>	<u>501 Brickell Key Dr., #504</u>	<u>Miami, FL 33131</u>

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)(l), 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]
Guillermo Alvarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/11/03 (305) 3771274

Daytime Phone #

CR2E081 (10/02)