


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 MAY 14 AM 6:34

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04000119228**

1. Corporation Name
PENINSULA LOTS INC.

2. Principal Office Address - No P.O. Box # SUNTRUST INTL CENTER ONE S.E. 3RD AVENUE		3. Mailing Office Address SUNTRUST INTL CENTER ONE S.E. 3RD AVENUE	
Suits, Apt. #, etc. SUITE 1450		Suits, Apt. #, etc. SUITE 1450	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33131	Country U.S.	Zip 33131	Country U.S.

200125360492
04/23/08--01046--018 **1050.00
REINSTATEMENT 06-08

4. Date Incorporated or Qualified To Do Business in Florida **8/17/2004**

5. FEI Number **22-3902645** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **SHAPIRO, JEFFREY P.**

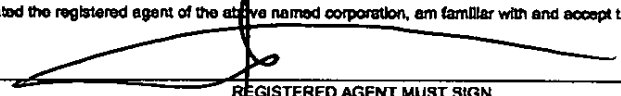
Street Address (P.O. Box Number is Not Acceptable) **SUNTRUST INTL CENTER
ONE S.E. 3RD AVENUE**

Suits, Apt. #, Etc. **SUITE 1450**

City **MIAMI** State **FL** Zip Code **33131**

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.

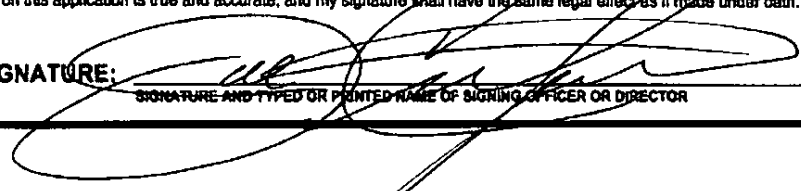
Signature of Registered Agent  Date **4/22/08**

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
PRES.	JOSE I. CUBAS	1901 NW 7 STREET SECOND FLOOR	MIAMI, FL 33125

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:  Date **4/21/08** Daytime Phone # **305 644-9304**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peninsula Lots Inc.
1901 NW 7th Street
Second Floor
Miami, FL 33125
(305) 644-9304

Re: **Corporation Reinstatement Request**
Letter Number: 308A00025175
Dated: April 25, 2008

To whom it may concern:

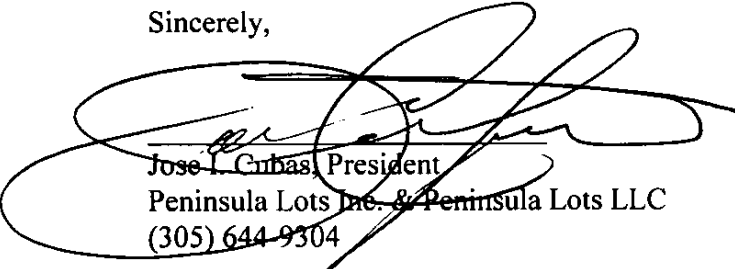
I respectfully request that you process the enclosed corporation reinstatement for one of our companies, **Peninsula Lots Inc.** as the other Peninsula Lots (**Peninsula Lots LLC**) currently active on your system is also owned by me. Both of these companies are owned by me , Jose I. Cubas.

Enclosed, please find a copy of your letter, the original Reinstatement Form and the copy of our check #1473 drawn on Regions Bank for the sum of \$1,050.00 which shows paid to you on April 24, 2008.

Please send me a confirmation letter once the above referenced corporation has been reinstated.

Should you have any questions regarding this matter, please do not hesitate to contact the undersigned.

Sincerely,



Jose I. Cubas, President
Peninsula Lots Inc. & Peninsula Lots LLC
(305) 644-9304