

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 DEC -3 PM 1:06

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000036437

1. Corporation Name

ST. LOUIS 1704 CORP.

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

2665 SOUTH BAYSHORE DR.

Suite, Apt. #, etc.

SUITE 906

City & State

COCONUT GROVE FL

Zip

33133

Country

USA

3. Mailing Office Address

2665 SOUTH BAYSHORE DR.

Suite, Apt. #, etc.

SUITE 906

City & State

COCONUT GROVE FL

Zip

33133

Country

USA

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

03/21/2007

5. FEI Number
20-8696623

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

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.

7. Name and Address of Current Registered Agent

Name

JORGE L. GURIAN

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

2665 SOUTH BAYSHORE DR.

Suite, Apt. #, Etc.

SUITE 906

City

COCONUT GROVE

State

FL

Zip Code

33133

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

REGISTERED AGENT MUST SIGN

Date 12-01-2009

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
DP	CLARA I GUEVARA DE LASSO	2665 S. BAYSHORE DR. STE 906	COCONUT GROVE, FL 33133
DS	CARMEN L GUEVARA	2665 S. BAYSHORE DR. STE 906	COCONUT GROVE, FL 33133
DS	FAUSTO R LASSO GUEVARA	2665 S. BAYSHORE DR. STE 906	COCONUT GROVE, FL 33133

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12/3/09

10. E-mail Address: JGURIAN@GURIANLAW.COM

(To be used for future annual report notification)

11. 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. I further certify, 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:

CLARA I GUEVARA DE LASSO 12-01-2009 305-279-4101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #