

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN -8 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA3000045675

1. Corporation Name

R. BATALLA CORPORATION

2. Principal Office Address

20335 W. Country Club Dr.

3. Mailing Office Address

395 Alhambra Circle

State, Apt. #, etc.

Unit 2201

State, Apt. #, etc.

Suite 301

City & State

N. Miami Beach, Florida

City & State

Coral Gables, Florida

Zip
33180

Country
USA

Zip
33134

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

6/29/1993

5. FEI Number

58-2244233

Applied For

No: Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

SP

7. Name and Address of Current Registered Agent

Name

Jorge L. Lopez-Garcia

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

395 Alhambra Circle

300003536819-1

State, Apt. #, etc.

Suite 301

01/16/01 - 01/22/01

***750.00 ***750.00

City

Coral Gables

State

FL

Zip Code

33134

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: 12/12/00

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
PDT	De Batalla, Ana Isabel G.	20335 W. Country Club Dr. Unit 2201	N. Miami Beach, Florida 33180
VPS	Batalla, Julian A.	20335 W. Country Club Dr. Unit 2201	N. Miami Beach, Florida 33180

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 the 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)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Batalla, Julian A., Dir.

12/12/00

Date

(305)441-2171

Daytime Phone #

CR400115-98