


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 16 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 01-03

DOCUMENT # P94000050494
1. Corporation Name

LARCHMONT FINANCE CORPORATION

2. Principal Office Address 200 S. Biscayne Blvd. Suite, Apt. #, etc. Ste. #4100 City & State Miami, Fl Zip 33131		3. Mailing Office Address 200 S. Biscayne Blvd. Suite, Apt. #, etc. Ste. # 4100 City & State Miami, Florida Zip 33131	
Country DADE		Country DADE	

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 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
CORPORATE INTERNATIONAL REGISTERED AGENTS INC.

Street Address (P.O. Box Number is Not Acceptable)
200 South Biscayne Blvd.,
Suite, Apt. #, Etc.
Ste. # 4100

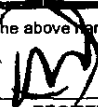
City
Miami

State
FL

Zip Code
33131

200020250292
05/29/03--01011--029 **100.00

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.

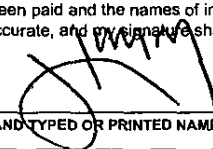
Signature of Registered Agent  Date 4/15/03

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
D	SIMON, EDUARDO	200 S. Biscayne Blvd. #4100	Miami, Florida 33131
D	SIMON, ADRIANA	200 S. Biscayne Blvd., #4100	Miami, Florida 33131
D	SIMON, LEONARDO	200 S. Biscayne Blvd., #4100	Miami, Florida 33131
D	SIMON, ANABEL	200 S. Biscayne, Blvd., #4100	Miami, Florida 33131
D	SIMON, CARLOS E.	200 S. Biscayne Blvd., #4199	Miami, Florida 33131

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)(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:  Date 04/29/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

2/5/22