

1/3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 11 PM 2:12

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000052610

1. Corporation Name

BIARRITZ INVESTMENTS, INC.

2. Principal Office Address

6811 LEONARDO STREET

Suite, Apt. #, etc.

City & State

CORAL GABLES, FLORIDA

Zip

33146

Country

USA

3. Mailing Office Address

6811 LEONARDO STREET

Suite, Apt. #, etc.

City & State

CORAL GABLES, FLORIDA

Zip

33146

Country

USA

300063479723
REINSTATEMENT 02-06

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/07/1995

5. FEI Number

650597488

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

JUAN C. ZORRILLA

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

6811 LEONARDO STREET

Suite, Apt. #, Etc.

City

CORAL GABLES

State
FL

Zip Code
33146

8/8/02 01062 013 458 75

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 **JANUARY**, 2006

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	JUAN C. ZORRILLA	6811 LEONARDO STREET	CORAL GABLES, FLORIDA 33146

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/06

Date

(305) 860-3831

Daytime Phone #

213

**BIARRITZ INVESTMENTS, INC.
6811 LEONARDO STREET
CORAL GABLES, FLORIDA 33146**

January 10, 2006

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Reinstatement of Biarritz InvestmentS, Inc.

Dear Sir or Madam:

Enclosed is an application for reinstatement of the above-mentioned corporation.

This letter will also serve to confirm the fact that I never received the 2002 Annual Report and therefore could not file my return.

If you have any questions, please call me

Sincerely,

Juan C. Zorrilla
President

Enclosures

F:\CLIENTS\JCZ\BIARRITZ\I\DEPTOFSTATE-REINSTATE11-10-06



CORPORATION SERVICE COMPANY

3/3

ACCOUNT NO. : 072100000032

REFERENCE : 805454 7272435

AUTHORIZATION :

COST LIMIT : \$ 300.00

ORDER DATE : January 11, 2006

ORDER TIME : 10:30 AM

ORDER NO. : 805454-005

CUSTOMER NO: 7272435

DOMESTIC FILINGS

NAME: BIARRITZ INVESTMENTS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jamela Fordyce - Ext# 2936

EXAMINER'S INITIALS _____