

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		<p style="font-size: small;">APPROVED AND FILED</p> <p style="font-size: x-large; font-weight: bold;">99 JUN -7 PM 3:06</p> <p style="font-size: x-large; font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
DOCUMENT # P97000083100 <small>1. Corporation Name</small> ALOU DEVELOPMENT, INC.		<p style="font-size: x-large; font-weight: bold;">REINSTATEMENT <i>98-99</i></p> <p style="font-size: x-small;">DO NOT WRITE IN THIS SPACE</p>	
<small>Mailing Address</small> <small>Principal Place of Business</small> 246 GIRALDA AVENUE CORAL GABLES, FLORIDA 33134			
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>			
<small>2. New Mailing Address, If Applicable</small> 8575 SW 115th COURT <small>Suite, Apt. #, etc.</small>		<small>3. New Principal Office Address, If Applicable</small> <small>Suite, Apt. #, etc.</small>	
<small>City & State</small> MIAMI, FLORIDA 33173		<small>City & State</small>	
<small>Zip</small> 33173 <small>Country</small> DADE		<small>Zip</small> <small>Country</small>	
<small>4. Date Incorporated or Qualified To Do Business in Florida</small> September 25, 1997		<small>5. FEI Number</small> 65-0785247	
<small>6. CERTIFICATE OF STATUS DESIRED</small> <input type="checkbox"/>		<small>\$8.75 Additional Fee required for a Certificate of Status</small>	
<small>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</small>			
<small>Title(s)</small>	<small>Name of Officers and/or Directors</small>	<small>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</small>	<small>City / State / Zip</small>
D	Frank Hernandez	246 Giralda Avenue,	Coral Gables, Fl 33134
D	Elizabeth Giordano	246 Giralda Avenue,	Coral Gables, Fl 33134
D	Mike Figueiras	246 Giralda Avenue,	Coral Gables, FL 33134
			<small>800002905808--0</small> <small>-06/15/99--01107--007</small> <small>****300.00 ****300.00</small>
<small>8. Name and Address of Current Registered Agent</small> Neal S. Litman Neal S. Litman, P.A. 2900 S.W. 28th Terrace Second Floor Coconut Grove, Fl 33133		<small>9. Name and Address of New Registered Agent</small> <small>Name</small> NEAL S. LITMAN, P.A. <small>Street Address (P.O. Box Number is Not Acceptable)</small> 2900 SW 28th TERRACE <small>Suite, Apt. #, Etc.</small> GROVE PLAZA - SECOND FLOOR <small>City</small> COCONUT GROVE <small>State</small> FL <small>Zip Code</small> 33133	
<small>10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</small>			
<small>Signature of Registered Agent</small>		<small>REGISTERED AGENT MUST SIGN</small> <small>Date</small> 6-3-99	
<small>11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box</small> <input type="checkbox"/> <small>(See other side for additional information.)</small>			
<small>12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.</small> Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(See other side for information on intangible tax.)</small>			
<small>13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability or non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</small>			
SIGNATURE:		<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
		<small>Date</small> <small>Daytime Phone #</small>	

CR2E040 (9/94)