

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY 11 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000107934

1. Corporation Name
By Owner, Inc.

2. Principal Office Address
10753 S.W. 104 St.
Suite, Apt. #, etc.

3. Mailing Office Address
10753 S.W. 104 St.
Suite, Apt. #, etc.

City & State
Miami, FL
Zip
33176
Country
Miami-Dade

City & State
Miami, FL
Zip
33176
Country
Miami-Dade

REINSTATEMENT P9-00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0982745
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
Ydania Fuentes
Street Address (P.O. Box Number is Not Acceptable)
7375 Coral Way
Suite, Apt. #, Etc.
City
Miami
State
FL
Zip Code
33156
~~300003259929-3~~
~~-05/19/00-01103-121~~
~~****900.00 ****910.00~~

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 [Signature] Date 5/9/00
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
P/D	Ydania Fuentes	12500 S.W. 82 St. Miami, FL	Miami, FL 33156

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] Date 5/9/00 Daytime Phone # 305-267-5199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KE