

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


Doc 1 of 2

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



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

**DOCUMENT #** P09000066631

1. Corporation Name  
**LEYENDA, INC.**

|  |                        |  |                        |
|--|------------------------|--|------------------------|
| 2. Principal Office Address<br><b>3300 RICE ST</b> |                        | 3. Mailing Office Address<br><b>3300 RICE ST</b> |                        |
| Suite, Apt. #, etc.<br><b>Suite # 11/12</b>        |                        | Suite, Apt. #, etc.<br><b>Suite # 11/12</b>      |                        |
| City & State<br><b>MIAMI, FLORIDA</b>              |                        | City & State<br><b>MIAMI, FLORIDA</b>            |                        |
| Zip<br><b>33133</b>                                | Country<br><b>DADE</b> | Zip<br><b>33133</b>                              | Country<br><b>DADE</b> |

4. Date Incorporated or Qualified To Do Business in Florida **7/27/99**

5. FEI Number  Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

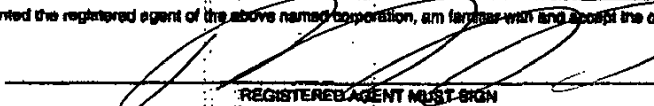
Name **Beatrice Capote**

Street Address (P.O. Box Number is Not Acceptable)  
**1101 Brickell Ave.**

Suite, Apt. #, Etc.  
**17th Floor**

City **MIAMI** State **FL** Zip Code **33131**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of Registered Agent  Date **10-17-2000**

REGISTERED AGENT MUST SIGN

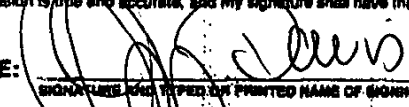
9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-------|-----------------------------------|--|--------------------|
| P/D   | JEFFREY DAVIS                     | 3300 RICE ST                                   | MIAMI, FL 33133    |
|       |                                   |  |                    |
|       |                                   |  |                    |
|       |                                   |  |                    |

500003433645

REINSTATEMENT 00 TS

10. I certify that I am an officer or director or the repower 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)(f), 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 **10/17/2000** (305) 774-6397

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR



*m*  
*Pax 20/2*

ACCOUNT NO. : 072100000032

REFERENCE : 870660 82724A

AUTHORIZATION :

*Patricia Pizito*

COST LIMIT : \$ 758.75

ORDER DATE : October 20, 2000

ORDER TIME : 11:15 AM

ORDER NO. : 870660-005

CUSTOMER NO: 82724A

CUSTOMER: Ms. Diane Whitacre  
Morrison & Conroy  
3838 Tamiami Trail North  
Suite 402  
Naples, FL 34103-3507

DOMESTIC FILINGS

NAME: LEYENDA, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS \_\_\_\_\_

**RECEIVED**  
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA