

ORDER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

99 APR - 9 11 0:30 TALLAHASSEE FLORIDA

DOCUMENT #

V07078

1. Corporation Name

ALLISTON PROPERTIES, INC.

Principal Place of Business 701-Brickell-Ave. Suite-3120- Miami, FL-33131 USA

Mailing Address 701-Brickell-Ave. Suite-3120- Miami, FL-33131 USA

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable 2571 N.E. Kirby Ave. Suite, Apt. #, etc

3. New Mailing Office Address, If Applicable 2571 N.E. Kirby Ave. Suite, Apt. #, etc

4. Date Incorporated or Qualified To Do Business in Florida 1/16/92

5. FEI Number 59-3102307 Applied For Not Applicable

City & State Palm Bay, FL

City & State Palm Bay, FL

Zip 32905 Country USA

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6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include Juan E. Ibanez, Daska Radic Dewar, and Luis A. de Armas.

REINSTATEMENT 98-99 R 4/9/99

8. Name and Address of Current Registered Agent

Corporation Company of Miami 201 S. Biscayne Blvd., Suite 1500 Miami, FL 33131

9. Name and Address of New Registered Agent

Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code

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.

Signature of Registered Agent BY: LALAINA A. LANDAU, Asst. Secretary

Date

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes [X] No []

(See other side for information on intangible tax)

12. 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:

Luis A. de Armas SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/99 Date

305-379-9114 Daytime Phone #