

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 NOV -9 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V07078**

1. Corporation Name
ALLISTON PROPERTIES, INC.

Principal Place of Business	Mailing Address
2571 N.E. KIRBY AVE. PALM BAY FL 32905 US	2571 N.E. KIRBY AVE. PALM BAY FL 32905 US



REINSTATEMENT

01

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/16/1992	
City & State		City & State		5. FEI Number	
Zip		Country		59-3102307	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DVS	DEWAR, DASKA R	RINCONADA EL SALTO 202	HUECHURABA, SANTIAGO CHILE
DPT	IBANEZ, JUAN E	RINCONADA EL SALTO 202	HUWCHUABA, SANTIAGO CHILE
AS	DE ARMAS, LUIS A	201 S BISCAYNE BLVD, SUITE 1500	MIAMI FL 33131
			9000004703179--5 -12/04/01--01005--020 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD., STE. 1500 MIAMI FL 33131		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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: *For Corporation Company of Miami*
By: Katherine A. Harris, Asst. Secretary
REGISTERED AGENT MUST SIGN *K.A.H.* Date: *Nov. 6, 2001*

11. 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]* *ass't Secre.* 11-6-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)