PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 APR 20 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09288

1. Corporation Name

709 Crickett, Inc

W-10169

2. Principal Office Address		**3.** Mailing Office Address	
19495 Biscayne Blvd.		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 609			
City & State		City & State	
Aventura, Fl.			
Zip	Country	Zip	Country
33180	Dade		

REINSTATEMENT 88-00

4. Date Incorporated or Qualified To Do Business in Florida 12/28/1987

5. FEI Number [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Jay D. Schwartz

800003219468--2
-04/24/00--01017--021
***2203.75 ***2203.75

Street Address (P.O. Box Number is Not Acceptable)
19495 Biscayne Blvd. #609

Suite, Apt. #, Etc.
#609

City	State	Zip Code
Aventura	FL	33180

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 _____ Date April 4, 2000
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
Dir. Pres.	Maruja Beracasa	1800 N.E. 114 St. #709	North Miami, Fl. 33131
Sec.	Jay D. Schwartz	19495 Biscayne Blvd. #609	Aventura, Fl. 33180
			LS

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: Maruja Beracasa MARUJA BERACASA 4/4/2000 305-932-7141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #