CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 31 AM 8: 00

~~DEPARTMENT OF STATE~~
TALLAHASSEE, FLORIDA

DOCUMENT # P02 0000 59975

1. Corporation Name

1560 Collins Ave, Inc.

REINSTATEMENT
CR2E081 (8/05) 03-06

2. Principal Office Address	3. Mailing Office Address
1560 Collins Ave	1560 Collins Ave
Suite, Apt. #, etc. STE 2	Suite, Apt. #, etc. STE 2
City & State Miami Beach Florida	City & State Miami Beach Florida
Zip 33139-3158 Country United States	Zip 33139 Country United States

4. Date Incorporated or Qualified To Do Business in Florida May 30th, 2002

5. FEI Number 71-0888477   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 EDUARDO R. LORA

Street Address (P.O. Box Number is Not Acceptable) 1614 PENNSYLVANIA AVENUE

Suite, Apt. #, Etc. 2-6

City MIAMI BEACH,   State FL   Zip Code 33139

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 _____   REGISTERED AGENT MUST SIGN   Date 12-1-05

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
D	Luce Dubeau	1560 Collins Ave Ste 2	Miami Beach, Florida 33139
M/D	Eduardo R. Lora	1614 Pennsylvania Ave Ste 2-6	Miami Beach, Florida 33139
		1000070447601 04/14/06--01028--015 **1208.75	

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: _____ LUCE DUBEAU .   DECEMBER 20th 205   (305) 604-5281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #