PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

513092

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

CAPE DEVELOPMENT CORP.

Principal Place of Business / Mailing Address

815 Ponce de Leon Blvd.
Suite 200,Coral GAbles, Fl. 33134

REINSTATEMENT 9-2-97 91-97 CC

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
815 Ponce de Leon Blvd.		8/20/76
Suite, Apt. #, etc: 200	Suite, Apt. #, etc.	5. FEI Number — Applied For / Not Applicable
City & State: Coral Gables, Fl	City & State	
Zip: 33134 — Country: U.S.A	Zip — Country	6. CERTIFICATE OF STATUS DESIRED [X] — $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	HERRERA BARONA, JORGE	815 Ponce de Leon Blvd Suite 200	Coral, Gables, Fl 33134
VD	HERRERA/BOTTA, JORGE	815 Ponce de Leon Blvd. Suite 200	Coral gables, FL 33134
STD	HERRERA/BOTTA, ARMANDO	815 Ponce de Leon Blvd. Suite 200	Coral Gables, Fl 33134
AS	FIGUEROA, LUIS	815 Ponce de Leon Blvd Suite 200	Coral Gables, Fl 33134
			200002293322--8 -09/15/97--01123--001 ***1636.25 ***1636.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Luis A. Figueroa 815 Ponce de Leon Blvd. Suite 200 Coral Gables, Florida 33134	Name: Luis A Figueroa Street Address (P.O. Box Number is Not Acceptable): 815 Ponce de Leon Blvd Suite, Apt. #, Etc.: Coral Gables, City: — State: FL — Zip Code: 33134

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: [signature] Date: 8/21/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X] (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: [signature] 8/21/97 (305) 442 0303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jorge Herrera / Pres.

CR2E040 (12/96)