
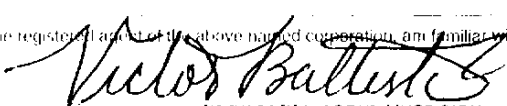
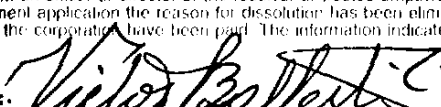


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	FILED 98 JUL 27 AM 9:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 587085				
Corporation Name VICTOR BALLESTAS, INC.				
Principal Place of Business 500 NW 24 Street MIAMI, FL 33127		Mailing Address 500 NW 24 Street MIAMI, FL 33127		
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>				
2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip Country		Zip Country		
		4. Date Incorporated or Qualified To Do Business in Florida 9-20-78		
		5. FEI Number 59-1901793		
		Applied For Not Applicable		
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
REINSTATEMENT 95-98				
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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip	
D/P	BALLESTAS, VICTOR	500 NW 24 ST	MIAMI, FL 33127	
D/V/S	BALLESTAS, IVETTE	500 NW 24 ST	MIAMI, FL 33127	
200002607832--8 -08/04/98--01083--025 ***1200.00 ***1200.00				
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
VICTOR BALLESTAS 500 NW 24 ST MIAMI, FL 33127		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, Etc.		
		City	State	Zip Code
		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 		Date 6/30/98		
REGISTERED AGENT MUST SIGN				
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)				
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: 		Date 6/30/98 305-576-3303		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #		