

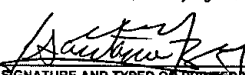


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 724625 (9)			
1. Corporation Name E/VEDADO, INC			
2. Principal Office Address 237 SW 13 th St Apt 100 Suite, Apt. #, etc.		3. Mailing Office Address Same Suite, Apt. #, etc.	
City & State MIAMI FLORIDA Zip Country 33130		City & State MIAMI, FLORIDA Zip Country 33130	
4. Date Incorporated or Qualified To Do Business in Florida 10-24-1972		5. FEI Number 59-1595799 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent 400004588614--6 Name Jose Santana Zelaya Street Address (P.O. Box Number is Not Acceptable) 237 SW 13 th St Suite, Apt. #, Etc. Apt. #409 City MIAMI State FL Zip Code 33130			
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 Sept. 6, 2001 REGISTERED AGENT MUST SIGN			
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
PD	José S. Zelaya	237 SW 13 th St #409	MIAMI FL 33130
VP	Alberto Milo Jr.	237 SW 13 th St #405	MIAMI FL 33130
TD	Manuel Alex Tueros	237 SW 13 th St #301	MIAMI FL 33130
SD	Alberto J. Delgado	237 SW 13 th St #306	MIAMI FL 33130
V	Miriam I. Cabrah	237 SW 13 th St #101	MIAMI FL 33130
V	Rina E SELVA	237 SW 13 th St #309	MIAMI FL 33130
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)(l), 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:  9-6-2001 (305) 401-2186 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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