PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

							
NON-PROFIT CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State		<u> </u>	ILED		
, , , , , , , , , , , , , , , , , , , ,		DIVISION OF CORPORATIONS		04 MAY	10 AMII: 17		
DOCUMENT # 757151 1. Corporation Name				SECRE TALLAH	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
· ·	CONDONI	NUM Assoc	10 Tu	,			
		NION, MISSOE	14110D, +NG	II		Li	
				47-30-	03 0/056 011	306.25	
2. Principal Office	^	3. Mailing Office Address		7-17-0	3 0/065 009	5 \$231.25	
3/3 N Suite, Apt. #, etc.	·W 43 PL.	330 W- 9 S7: Suite, Apt. #, etc.				98-04	
APT - City & State	313	SUITE #5		4. Date Incorpo	rated or Qualified	- VO O)	
		City & State		To Do Busine	To Do Business in Florida 04-24-1981		
Zip Country		Zip Country		5. FEI Number	N/A	Applied For Not Applicable	
33120		33010	Country USA	10.	DF STATUS DESIRED (S375 A	dditional Regrequired	
		7. Name and A	Address of Current Regis	<u></u>		Confidence of Status	
Name Tance 1/acc							
Street Address (P.O. Box Number is Not Acceptable)							
5894 S.W Z TERR. Suite, Apt. #, Etc.							
City OUSE							
MIAMI FIA. 33144					State Zip Code 33/4	4	
B. I, being appointe	ed the registered agent of the above	re named corporation, am fa	amiliar with and accept the	obligations of section	607.0505 or 617.0503, F.S.		
Signature of Registered Agent	enge	SISTEMED AGENT MUST			Date 04/10	/n4	
9. Names and Stro							
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least Titles Name of Street Address of Each							
	Officers and/or Directors		Officer and/or Direct		City / State / Zip		
P-D To	Jonge Vizcaino		5894 SW Z TERR		MIA-FIA. 33144		
5-D N	AUCY VIZCA	100 - 584	4.5.W 2	Tenn	MIA. FIA:		
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					032891853 -0004-001 **6	95	
				017 207 01		A = fa - 1.5	
D. I certify that I am	an officer or director or the receive	er or trustee empowered to	execute this application as	provided for in chapter	r 607 or 617, F.S. I further certify	that when filing	
owed by the corp	It application, the reason for dissol oration have been paid and the na n is true and accurate, and my sign	imes of individuals listed on	this form do not evel!	s the requirements of s	section 607.0401 or 617.0401, F. ection 119.07(3)(i), F.S. The info	S., that all fees	
, F	A Sand Try Sign	where same	eyai enect as it made und	er oath.	/ -		
SIGNATURE:	SIGNATURE AND TYPED OR PRIN	Manue OF SIGNING OFFICE	FR OR DIPECTOR	04/10	1/04 (305) 882	-5814	
	\ - /	#		/ D:	TR / Doutime DE	# / II	