PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC 23 AM 10:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F61804

1 Corporation Name

INVESTCO REALTY CORP.

Principal Place of Business / Mailing Address

8390 W. Flagler St. Suite 208
Miami, Florida 33144

(formely) address as been changed
to the address which appear below.

If above addresses are incorrect in any way line through incorrect information and enter correction below

REINSTATEMENT 93-96 AR
DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable
7846 Coral Way
Suite, Apt #, etc
Suite 440
City & State
Miami, Florida
Zip 33155 Country Dade

3 New Mailing Address, If Applicable
9994 SW 31 Terr
Suite, Apt #, etc
City & State
Miami, Florida
Zip 33165 Country Dade

4 Date Incorporated or Qualified To Do Business in Florida
January 21st., 1982

5 FEI Number
59-2159481
Applied For
Not Applicable

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
P/S/D/	Armando Berriz	9994 SW 31st. Terr.	Miami, FL. 33165

700002040977--0
-12/30/96--01033--030
****383.75 ****383.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Noyla Berriz
Street Address (P.O. Box Number is Not Acceptable)
9994 SW 31 Terr
Suite, Apt #, Etc
City Miami State FL Zip Code 33165

CR2E040 (12/95)

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 Noyla Berriz
REGISTERED AGENT MUST SIGN
Date 12/20/1996

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [XX]

(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 of 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: Armando Berriz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 12/20/96
Daytime Phone # (305)553-1012