PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

F72208

1. Corporation Name

E.G.I. PEALTY, INC.

Principal Place of Business

SIGNATURE

Mailing Address

SECRETARY OF STATE DIVISION OF CORPORATIONS

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Daytime Phone #

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	ddresses are incorrect in any way, line thro		nation and enter co Office Address, If A				the spinished		<u> </u>
	ncipal Office Address, If Applicable			orated or Qualified less in Florida	US IS	1/1982			
Suite, Apt. #	<u>1 Ponce de Leon Bly</u> #.etc.	Suite, Apt. #, etc.	once de	reon-RTA			00/2-	7 1002	
Sui	te 1280	Suite 1	280		5. FEI Number	59-2257135	-	Applied	For
City & State		City & State	1.7	_		38-2237 133		Not App	olicable
<u>Cora</u>	al Gables, FL Country	Coral G	ables F	L	6.			Additional Fee	
331		33134		USA	CERTIFICATE	OF STATUS DESIRED	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)	Name of Officers and/or Directors	3	Stree	et Address of Each er and/or Director					
PD	ZABALETA, EMILIO A.	31	2801 TOWCE SELEON BLUE			COPAL GABLES, FL 33134			
SDT	ZABALETA, CARMEN L.	સ	3155 NW 83ND AVENUE 2801 PONCE DELEAN B			MIAMIFL G	ABLE	5,A3	3 <i>13</i> /
VD .	ZABALETA, EMILIO, JR		2801 PONCE DE LEONBLUS CORAL GABLES F					fc 3:	3/34
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	8. Name and Address of Current I	9. Name and Address of New Registered Agent							
ZABALETA, EMILIO A. 3155/N/W82ND-AYE:				Name ZABALETA EMILIO A Street Address (P.U. Box Number is Not Acceptable) 2801 Ponce de Leon Blvd					CR2E040 (8/01)
MIANI	Fb:33 122			Suite, Apt. #, Etc. Suite 1280 City State Zip Code					
				City S Coral Gables S			FL	33134	
10. I, being	appointed the registered agent of the abo	ve named corporati	on, am familiar with	n and accept the ol	bligations of Secti	on 607.0505, F.S.		1/4	D
Signature of Registered Agent PS									
									——
11. 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.									