		PLEASE R	EAD ALL INS	TRUCTIONS	BEFORE C	OMPLETII	NG THIS F	ORM.		**	
APPLICATION FOR REINSTATEMENT			FLORIC	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			SECRETARY OF STATE SECRETARY OF STATE AND SECRETARY OF STATE OF ST				
	UMENT ration Name	# F98514						HASSEE, F	圣	, 50	
		VESTMENT (}		舅	ڊي رم			
2600	Place of Busin DOUGLA	AS ROAD	Mailing Addre	Malling Address				S. W.	ω (
Coral	l Gabl	es, FL 331		wfatia ad awta	ς .	5	0000: -09/ ***	29773 02/9901 1050.00	3;25 1078- ***	5	
ff above addresses are incorrect in any way, line through inc. New Principal Office Address, if Applicable 3. No.				New Mailing Office Address, If Applicable			4. Date incorporated or Qualified To Do Business in Florida				
Suite, Apl.	#, etc.	, 	Suite, Apt. #,	etc.		6. FEI Number Applied For					
City & State			City & State	City & State		59-230	-		—	tot Applicable	
Zip		Country	Zip	Country	y	6. CERTIFICATI	E OF STATUS DES	IRED \$8.78	Addition Carono	al Pais required ats of Status	
7. Names	s and Street A	ddresses of Each Office			prations must list at set Address of Eac)				
lle(s) and/or Directors				Officer and/or Dir 3 (Do NOT Use Post Office			City / State / Zip			ļ	
DD James I Campide				2600 Dou	-	Coral Gables, FL 3313				22124	
PD Jorge L. Garrido			10	Suite 902 2600 Douglas Rd			Coral	Gabres,	<u>FL</u>	33134	
SD	Lourd	es Garrid	9	Suite 90	-		Coral	Gables,	FL	33134	
					······································		07.	19			
				THE SALE	ENENT 97-99						
				E Form			ļ				
	8. Nan	ne and Address of C	urrent Registered Ag	9. Name and Address of New Registered Agent							
Arazoza, Comas, de Torres &					Name						
Fernandez-Fraga., P.A.					Street Address (P.O. Box Number is Not Acceptable)					ON ORDER	
2100 Salzedo Street, Suite 300					Sulle, Apl. #, Etc.						
Coral Gables, FL 33134					City State Zip Code						
10. I, being Signature Registered	of /	agistered agent of	the above named corr	ر	with and accept the	obligations of S	ection 607.0505, Date		9		
11 Thi	s corno	ation owes o			ar			See other side fo	r inform	ation	
		Personal Pro			Yes 🔀	No 🗌		on intangible			
filing th that all	nis reinstatem fees owed by	officer or director or the ent application, the rethe corporation have don this application is	ason for dissolution hi been paid and the nai	as been eliminated, t me of individuals liste	ihe corporate name ed on this form do n	satisfies the req of qualify for an	uirements of sec exemption under	tion 607.0401 or	617.040	01, F.S.,	
CIONAT	rube.	prhe	lufo	eick		01	lan lan	,		}	
SIGNAT		GNATURE AND TYPED	OR PRINTED NAME OF	SIGNING OFFICER OF	DIRECTOR		Dale	Daytime	Phone #	 [

STF FL32474F.1

Daytime Phone #