

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **G56215**

1. Corporation Name

SUR INVEST, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

3001 PONCE DE LEON

Suite, Apt. #, etc.

SUITE 264

City & State

CORAL GABLES, FL.

Zip

33134

Country

USA

3. New Mailing Office Address, If Applicable

3001 PONCE DE LEON

Suite, Apt. #, etc.

SUITE 264

City & State

CORAL GABLES, FL.

Zip

33134

Country

USA

FILED

96 NOV 20 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *9/6*

4. Date Incorporated or Qualified
To Do Business in Florida

08/18/1983

5. FEI Number

50-2456270

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
DO COUNSELOR	GONZALEZ, LLAMA MANUEL	3001 PONCE DE LEON #264	CORAL GABLES, FL. 33134
ES			
PS	DOMINGUEZ, HUMBERTO	3001 PONCE DE LEON #264	CORAL GABLES, FL. 33134
		600002011736--6	-11/22/96--01002--024
		***375.00	***375.00
			<i>JB/11-21-96</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
JOSÉ BÄVERLÉ

Street Address (P.O. Box Number is Not Acceptable)

3001 PONCE DE LEON BYD.

Suite, Apt. #, Etc.

#264

City
CORAL GABLES

State
FL Zip Code
33134

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

MANUEL GONZALEZ LLAMA
REPRESENTATIVE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10/20/96**

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

(See other side for information
on intangible tax.)

12. 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:

MANUEL GONZALEZ LLAMA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/96 (305)771-9787

Date

Daytime Phone #

CR2000 (7-9)