


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1409288			
1. Corporation Name 709 Crickett, Inc			
2. Principal Office Address 19495 Biscayne Blvd. Suite, Apt. #, etc. Suite 609 City & State Aventura, Fl. Zip 33180 Country Dade		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip Country	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida	12/28/1987
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Jay D. Schwartz		
Street Address (P.O. Box Number is Not Acceptable) 19495 Biscayne Blvd. #609		
Suite, Apt. #, Etc. #609		
City Aventura	State FL	Zip Code 33180

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date April 4, 2000

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir. Pres.	Maruja Beracasa	1800 N.E. 114 St. #709	North Miami, Fl. 33131
Sec.	Jay D. Schwartz	19495 Biscayne Blvd. #609	Aventura, Fl. 33180

10. 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.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARUJA BERACASA

4/4/2000
Date

305-932-7141
Daytime Phone #