FILED

Audit No. H08000026152 3

Zip Country 33131 7. Name and Address of Current Registered Agont Name JOHN H. FRIEDHOFF, ESQ. Street Address (P.O. Box Number is Not Acceptable) 1395 BRICKELL AVENUE Street Address (P.O. Box Number is Not Acceptable) 1396 BRICKELL AVENUE Street Address (P.O. Box Number is Not Acceptable) 1397 Country 6. CERTIFICATE OF STATUS DESIRED Street Address of Current Registered Agont The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not		PLEA	ASE ŖEAD A	ALL INST	RUCTIONS	BEFORE C	OWPLETT	ING I FIIS 58 J AN 3	17 PM 1: 17
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MIAMI, FL Zp 33131 Country 33131 T. Name and Address of Current Registered Agent Name JOHN H. FRIEDHOFF, ESC. Street Address (P.O. Dox Number is Not Acceptable) 1335 BRICKELL AVENUE Street Address (P.O. Dox Number is Not Acceptable) 1335 BRICKELL AVENUE Street Address (P.O. Dox Number is Not Acceptable) 134TH FLOOR Chy MIAMI B. I. being appointed the objection of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date PRUNO, V. 1395 BRICKELL AVE., 14TH FLOOR MIAMI, FL 33131 10. Locally 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name setsifies the receivers on 18, F.S., I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name setsifies the receivers nor 6017, 601 or 617, 601, F.S., I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name setsifies the receiver nor trustee empowered to execute this application as provided for in chapter 607 or 617, F.S., I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name setsifies the receiver nor elimination inclinated 118, F.S., The that the reason for dissolution has been eliminated, the corporate name setsifies the receiver on the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S., Tat all fiese owned by the corporation have been paid and the names of Indulation form do not qualify for an exemption containing in Chapter 118, F.S. The induced of the corporation may be propid and the reasons of Indulation than the component of the co				 	OR-JHF				
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33131 7. Name and Address of Current Registered Agont 8. It being appointed the registered Agent of the above named corporation, and familiar with and accept the obligations of section 607.0905 or 617.0903, F.S. 8. Signature of Registered Agent MUST SIGN 9. Names and Agreet Address of Each 7. Name of Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 8. Names and Agreet Address of Each 7. Name of Officer and/or Director City / State / Zip 8. Names and Agreet Address of Each 7. Name of Officer and/or Director City / State / Zip 8. Names and Agreet Address of Each 8. Name of Officer and/or Director City / State / Zip 8. Names and Agreet Address of Each 8. Name of Officer and/or Director City / State / Zip 8. Names and Agreet Address of Each 8. Name of Officer and/or Director City / State / Zip 8. Names and Agreet Address of Each 8. Name of Officer and/or Director City / State / Zip 8. Names and Agreet Address of Each 8. Name of Officer and/or Director City / State / Zip 9. Names and Agreet Address of Each 8. Officer and/or Director City / State / Zip 9. Names and Agreet Agont									Not Applicable
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SIGNATURE: JH. TELESTANT ATTORNEY SANSV, 2006 SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylimo Phone #	this re owed I on this	instatement application by the corporation has application is true an	n, the reason for diss to been paid and the diagoutrate, and my s	iolution has been names of individi lignature shall ha	ellminated, the co uals listed on this f ve the same legal	rporate name satisfies orm do not qualify for offect as if made unde	s the requirements an exemption cor ar oath.	s of section 607.0401 or 617.040 trained in Chapter 119, F.S. The	1, F.S., that all fees information indicated

Page 1 of 2

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CORPORATION REINSTATEMENT

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