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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAR 14 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K 31 834

1. Corporation Name
STONEHAVEN PROPERTIES, INC.

2. Principal Office Address
1108 96th STREET

3. Mailing Office Address
P.O. BOX 402803

Suite, Apt. #, etc.
Suite # 301

Suite, Apt. #, etc.
N/A

City & State
BAY HARBOUR ISL., FL

City & State
MIAMI, BEACH, FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida 08/26/1988

5. FEI Number 59-1756504
Applied For Not Applicable

Zip Country
33154 U.S.A.

Zip Country
33140 U.S.A.

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
HUGO G. MORALES

100005190041--2
-04/03/02--01063--006
***308.75 ***308.75

Street Address (P.O. Box Number is Not Acceptable)
1108 - 96th STREET

Suite, Apt. #, Etc.
SUITE # 301

City
BAY HARBOUR ISLANDS

State Zip Code
FL 33154

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 03/12/2002

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
D/P	RODOLFO MOLEIRO	P.O. BOX 402803	MIAMI BEACH, FL 33140
D	LEONARDO MOLEIRO	P.O. BOX 402803	MIAMI BEACH, FL 33140
D	ALFREDO BAZO	P.O. BOX 402803	MIAMI BEACH, FL 33140
D/S/T	HUGO G. MORALES	P.O. BOX 402803	MIAMI BEACH, FL 33140
			01-02 43218

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: HUGO G. MORALES 3/12/02 (305)865-4665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)