PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED
06 NOV -8 PM 5:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K53823

1. Corporation Name

LOT 54 CORPORATION

REINSTATEMENT 1989-2006 FSC

CR2E081 (12/05)

2. Principal Office Address		**3.** Mailing Office Address	
444 Brickell Avenue		444 Brickell Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Plaza 51, Suite 327		Plaza 51, Suite 327	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33131	US	33131	US

4. Date Incorporated or Qualified To Do Business in Florida 12/27/88

5. FEI Number 83-0466401 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Mario F. Gaztambide, Jr.

Street Address (P.O. Box Number is Not Acceptable): 444 Brickell Avenue

Suite, Apt. #, Etc.: Plaza 51, Suite 327

City	State	Zip Code
Miami	FL	33131

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 _____ Date 11/1/06

REGISTERED AGENT MUST SIGN

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
PD	Jaime Fonalledas	350 Chardon Ave, Torre Chardon Bldg, Suite 900	San Juan, PR 00918
DST	Mario F. Gaztambide, Sr.	104 De Diego Avenue	San Juan, PR 00927

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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 contained in Chapter 119, 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: Mario F. G 10/26/06 (787) 767-7000

MARIO F GAZTAMBIDE SR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Document corrected per ESM, Holland + Knight. FSC