

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

06 NOV -8 PM 5:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K53823
1. Corporation Name LOT 54 CORPORATION

REINSTATEMENT 1989-2006 *asc*

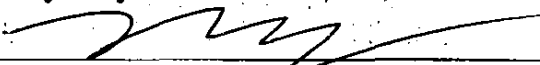
CR2E081 (12/05)

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

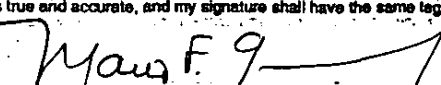
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

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

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 807 or 817, 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 807.0401 or 817.0401, 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:  10/26/06 (787) 767-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARIO F. GAZTAMBIDE SR.

Date Daytime Phone #

Document corrected per ESM, Holland + Knight. asc