

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUL -7 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K82667

1. Corporation Name

Avery Stuart, Ltd. Corporation

600004481806--4
-07/18/01--01001--015
****17.50 ****17.50

99-01 UBR

2. Principal Office Address
825 Brickell Bay Dr.

3. Mailing Office Address
825 Brickell Bay Dr.

Suite, Apt. #, etc.
Suite 346

Suite, Apt. #, etc.
Suite 346

City & State
Miami, Florida

City & State
Miami, Florida

Zip 33131 Country USA

Zip 33131 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida April 24, 1989

5. FEI Number 65-0317580
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Stephen McMillan

Street Address (P.O. Box Number is Not Acceptable)
825 Brickell Bay Dr.

Suite, Apt. #, Etc.
Suite 346

City
Miami

600004481806--4
-07/18/01--01001--014
****450.00 ****450.00

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 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]*

Date May 10, 2001

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
D	Stephen McMillan	825 Brickell Bay Dr. Suite 346	Miami, FL 33131
D	R.L. Dailey	1158 Bird Bay Way	Venice, FL 33595
D,P	Charles E. Culpepper	210 SW 15 Rd. Suite 300-083	Miami, FL 33129
D,VP	Raul Yelen Trucido	11 762 N. Kendal Dr. #127	Miami, FL 33186
D,S	Michael N. Lerner	11762 N. Kendal Dr. #127	Miami, FL 33186
D,T	Steven Bahr	801 Brickell Bay Dr. Suite 10	Miami, FL 33131

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)(f), 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.

Stephen McMillan May 10, 2001

SIGNATURE: *[Signature]*

(305) 725-7150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #