PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FOR

APPLICATION FOR REINSTATEMENT



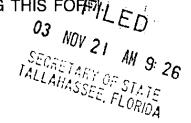
FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT # L02000029280

Name and Mailing Address

0000267 01 AV 0,278 **AUTO T1 0 0615 33131-140878 lalladlanllallandladlalladalaladladladladl INSTITUTO DE LA MENTE, LLC 168 S.E. 1ST STREET, SUITE 1103 MIAMI FL 33131-1408



| 2. New Mailing Address | | | 4. State/Country of Formation FL | |
|--|----------------------------------|--------------------|---|--|
| City, State, Zip | | | 5. Date Organized or Qualified To Do Business in Florida | 11/01/2002 |
| Principal Place of Business 168 S.E. 1ST STREET, SUIT | 3. New Principal Place of E 1103 | Business Address | 6. FEI Number | Applied For Not Applicable |
| MIAMI FL 33131 | City, State, Zip | | 7. CERTIFICATE OF STATUS DESIRED (1) | \$5.00 Additional Fee required for a Certificate of Status |
| 8. Name and Address of Current Registered Agent | | | 9. Name and Address of New Registered Agent | |
| ZURITA, CECILIA 168 S.E. 1ST STREET, SUITE 1103 MIAMI FL 33131 | | Name Street Addres | S (7.0. Box Number is Not Acceptable |) Zip Code |

| 10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. | | | | | | |
|--|---|---|--|--|--|--|
| Signature of Registered Agent REGISTERED AG | | | Date | | | |
| 11. Name: | s and Street Addresses of Each Managing Member/Mana | ger | | | | |
| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | 3000249969 11/21/03-01008 016 ** 155 70 | | | |
| MGRM | ZURITA, CECILIA | 168 S.E. 1ST STREET, SUITE 1103 | MIAMI FL 33131 | | | |
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| | REPUSTAT | EMENT 2003 | | | | |
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12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect

Signature of Managing Member/Manage

Daytime Phone # 305-314-6898.