

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



APPROVED AND FILED

1997 JUL 28 AM 8:23

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **L93727**

1. Corporation Name
LIMATAM, INC.

Principal Place of Business: **MIAMI, FLORIDA**
 Mailing Address: **12515 N. KENDALL DRIVE Suite 300 Miami, Florida 33186**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 8351 S. W. 187 St.	3. New Mailing Office Address, If Applicable 8351 S. W. 187 St.	4. Date Incorporated or Qualified To Do Business in Florida 1990
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State Miami, Florida	City & State Miami, Florida	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
Zip 33157	Country USA	Zip 33157
Country USA	Country USA	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Beatriz Perez	6020 S. W. 147 Court	Miami, Florida 33183
D	Robert C. Eber	10761 S. W. 104 Street	Miami, Florida 33183
			900002258409--9 -08/05/97--11005--1108 ***1583.75 ***1583.75
REINSTATEMENT			

8. Name and Address of Current Registered Agent Beatriz Perez 6020 S. W. 147 Court Miami, Florida 33183	9. Name and Address of New Registered Agent Name Robert C. Eber Street Address (P.O. Box Number is Not Acceptable) 10761 S. W. 104 Street Suite, Apt. #, Etc. City Miami State FL Zip Code 33176
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent: *Robert C. Eber* REGISTERED AGENT MUST SIGN Date: **07/24/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: *Robert C. Eber* **Robert C. Eber** 07/24/97 298-0966
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)