

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FILED.

APPLICATION FOR REINSTATEMENT



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

98 MAY 21 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 98477

1. Corporation Name
BLACK PLUM PROPERTIES, INC.

000002537600--5
-05/27/98--01100--019
***1711.25 ***1711.25

Principal Place of Business Mailing Address
501 BRICKELL KEY DR. # 300
MIAMI, FL. 33131

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 9/10/90	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0246293	
City & State		City & State		Applied For Not Applicable	
Zip		Zip		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>See 75 Additional Fees Required for a Certificate of Status</small>	

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
P	EDWIN E. GAITAN	501 BRICKELL KEY DR # 300	MIAMI, FL. 33131
S	JORGE GAITAN	"	"

REINSTATEMENT

91-980
1/20/98
5/21/98

8. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

MARCELO M. AGUDD
501 BRICKELL KEY DR # 300
MIAMI, FL. 33131

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
Zip Code

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 _____ Date 5/19/98
REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 607.0491 or 617.0401, F.S., and that all fees owed by the corporation have been paid. 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: _____

5/19/98 (305) 657-4182

CREAM 10299