


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 AUG 24 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M27137

1. Corporation Name

CIVIC FINANCIAL CORP.

2. Principal Office Address		3. Mailing Office Address	
17021 North Bay Road		17021 North Bay Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Apt. 524		Apt. 524	
City & State		City & State	
Sunny Isles Beach, FL		Sunny Isles Beach, FL	
Zip	Country	Zip	Country
33160	USA	33160	USA

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 2/10/1986

5. FEI Number	Applied For
592635554	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: Luis Arriola


Street Address (P.O. Box Number is Not Acceptable): 17021 North Bay Road

Suite, Apt. #, Etc.: Apt. 524

City: Sunny Isles Beach

State: FL Zip Code: 33160

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:  Date: 08/19/06

REGISTERED AGENT MUST SIGN

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

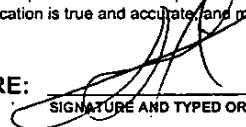
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Luis Arriola	17021 N. Bay Road Apt 524	Sunny Isles Beach, FL 33160
ST	Marta Arriola	17021 N. Bay Road Apt 524	Sunny Isles Beach, FL 33160

08/29/06 01017-012 **1500.00

B 8/24/06

REINSTATEMENT DL-06

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 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:  LUIS ARRIOLA Date: 08/19/06 305-948-7864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #