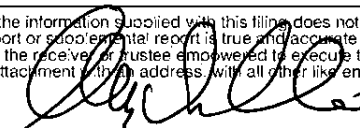


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # M28213 1. Entity Name SOUTH DADE CAPITAL PROPERTIES, INC.					
Principal Place of Business 8120 SW 160 ST MIAMI, FL 33157 US			Mailing Address PO BOX 1105 MIAMI, FL 33256-1105		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 8120 SW 160 ST Suite, Apt. #, etc.			
City & State Palmetto Bay, FL		City & State Palmetto Bay, FL		4. FEI Number 59-2692906	
Zip 33157		Country DADE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ASTUDILLO, ALEX 8120 SW 160 ST MIAMI, FL 33157				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, word or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASTUDILLO, ALEX 8120 SW 160 ST MIAMI, FL 33157		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400042527024 11/05/04--01059--015 **300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this address, with all other like empowered					
SIGNATURE:  Alex Astudillo				11-03-04 305-253-8873	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Day to Period	

FILED

04 NOV -5 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2004