


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div>98 DEC -2 PM 1:56</div> <div>SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
DOCUMENT # M56912 1. Corporation Name Kube Investments Corporation					
Principal Place of Business 1221 Brickell Avenue 24th Floor Miami, Florida 33131			Mailing Address (Same as Principal Place of Business)		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 1221 Brickell Avenue Suite, Apt. #, etc. 24th Floor City & State Miami, Florida 33131 Zip 33131		3. New Mailing Address, If Applicable 1221 Brickell Avenue Suite, Apt. #, etc. 24th Floor City & State Miami, Florida 33131 Zip 33131		4. Date Incorporated or Qualified To Do Business in Florida 8/5/1987	
		5. FEI Number 65-0163661		Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
D	Robledo, Antonio Agustin	1221 Brickell Avenue 24th Floor	Miami, Florida 33131		
D	Robledo, Delia Ethel	1221 Brickell Avenue 24th Floor	Miami, Florida 33131		
D	Robledo, Guillermo E.	1221 Brickell Avenue 24th Floor	Miami, Florida 33131		
D	Robledo, Javier A.	1221 Brickell Avenue 24th Floor	Miami, Florida 33131		
<div style="font-size: 1.5em; font-weight: bold; border: 1px solid black; padding: 5px; display: inline-block;">REINSTATEMENT</div> <div style="margin-left: 20px; font-size: 1.5em;">95-98</div>					
				<div style="font-size: 1.5em;">B. 12/2/98</div>	
8. Name and Address of Current Registered Agent Pedro A. Martin, Esq. Greenberg, Traurig, P.A. 1221 Brickell Avenue 24th Floor Miami, Florida 33131			9. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) 600002702216-3 Suite, Apt. #, Etc. -12/03/98-01090-011 City ***1200.00 ***1200.00 State FL 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 <u>Pedro A. Martin</u> Date _____ Pedro A. Martin REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (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 607.0401 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: <u>Antonio A. Robledo</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Antonio A. Robledo Daytime Phone #					