PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M57334

1. Corporation Name
1901 PROPERTIES, INC.

2. Principal Office Address	3. Mailing Office Address
1901 NW 17 AVE	1901 NW 17 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI - FL.	City & State: MIAMI - FL
Zip: 33125 Country: U.S.	Zip: 33125 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida 08/13/1987

5. FEI Number 65-0035542 [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee ... for a Certificate ...

7. Name and Address of Current Registered Agent

Name: MARLENE MONTANER

Street Address (P.O. Box Number is Not Acceptable): 2250 SW 3rd ave.

Suite, Apt. #, Etc: SUITE 202

City: MIAMI State: FL Zip Code: 33129

REINSTATEMENT 99-00

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: [signature] Date 06-12-2000

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
Pres.	MANUELA S. WYVILLE	1701 SW 32 CT	MIAMI FL 33145
V.P.	ERNESTO A. MONTANER	1901 NW 17 ave	MIAMI FL 33125

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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 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: [signature] Manola M.S. Wyville 06-12-2000 305-798-8958

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — DATE — TELEPHONE