PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATI			,	DEPART Secretary SION OF C	y of Stat	te	Ē		09 FEB 26	, ∉ enck ⊕ileen.	
DOCUMENT # M 57334 1. Corporation Name 1901 PROPERTIES, INC.									REINSTATEMENT			
2. Principal Office Address - No P.O. Box # 3. Mailing Of 1901 N.W. 17 Avenue 3138 Corr						ffice Address nmodore Plaza			02/26/0901029012 **750.00 <i>O</i>			
Sulte, Apt. #, etc. Sulte, Apt. #, Suite 102									Date Incorporated or Qualified August 13, 1987 To Do Bushess in Florida			
City & State Miami, Florida City & State Miami					Florida				5. FEI Number			
^{Z]p} 33125	3125 Country USA		Ζіφ 33133	z ь 33133		ountry ISA		6. CERTIFICATE		.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent Name Ruth C. Montaner Street Address (P.O. Box Number is Not Acceptable) 3138 Commodore Plaza Suite, Apt. #, Etc. Suite 102									The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement			
City Miami State Zip Code 51 33133									fee be walved.			
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 February 17, 2009 REGISTERED AGENT MUST SIGN												
	nd Street Ad	diesee	of Each Officer at	nd/or Director (Flo	rida nonpro		tions must list et Address of			T		•
DPS F	Officers and/or Directors				Officer and/or Director 3138 Commodore Plaza Su				•	City / State / Zip Miami, Florida 33133		•
			<u>.</u>			***						
40. I centify 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 centify that when filing this reinstatement application, their reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all bees owed by the corporation have been paid and the names of individuals liabed 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 cath. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Designe Plane 8												35
	51	UNATURE	AND TYPED OR M	HATEU NAME OF	MUNING OF	CER DA D	инестой			Date Du	yame Pilane #	

MANUEL ALONSO-POCH, P.A.

ATTORNEYS AT LAW
SUITE 102
3138 COMMODORE PLAZA
COCONUT GROVE, FLORIDA 33133

MANUEL ALONSO-POCH FLORIDA SUPREME COURT CERTIFIED CIRCUIT COURT MEDIATOR

> TELEPHONE: (305) 448-4053 FACSIMILE: (305) 448-1370 E-MAIL: map@malonsopoch.com

February 25, 2009

VIA OVERNIGHT COURIER

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE:

1901 Properties Inc.

Reinstatement

Dear Sir or madam:

Please be kind enough to reinstate the above mentioned corporation and reflect that Ruth C. Montaner is the new Director, President and Secretary of the corporation. Attached is the Corporate Reinstatement form duly executed and our check in the amount of \$750.00 representing the annual report fee for each year the corporation has been involuntarily dissolved. The corporation did not receive prior notices of dissolution.

If any questions arise regarding the above please contact me.

Sincerely,

MANUEL ALONSO POCH. P.A.

Manuel Alonso-Poch, Esq.

MAP/ipp. Enclosures