

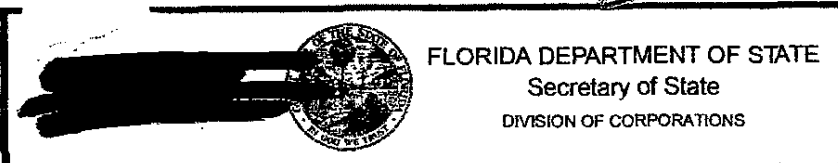
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 15 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500024889685
11/20/03--01069--012 **236.25



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NO 3000010600**

1. Corporation Name
ENVLACE CUBANO, INC

2. Principal Office Address
1522 SAN IGNACIO

Suite, Apt. #, etc.
1

City & State
CORAL GABLES

Zip
FL 33146

3. Mailing Office Address
1522 SAN IGNACIO

Suite, Apt. #, etc.
1

City & State
CORAL GABLES

Zip
FL 33146

03-04

4. Date Incorporated or Qualified To Do Business in Florida
AUG 8 2002

5. FEI Number
52-2375490

Applied For
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
JOAQUIN GARCIA-LARRIEU

Street Address (P.O. Box Number is Not Acceptable)
10300 SW 115 ST

Suite, Apt. #, Etc.
H-1001

City
FL

State
FL

Zip Code
33176

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0509, F.S.

Signature of Registered Agent
[Signature]

Date
4/12/04

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
DIR	ELISA H SANCHEZ	1522 SAN IGNACIO	CORAL GABLES FL 33146
DIR	MARIA GARCIA-LARRIEU	1522 SAN IGNACIO	CORAL GABLES FL 33146

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: **Maria Garcia-Larrieu**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-660-1600

CR25001 (10/02)