PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 06 SEP 25 AM 9: 57
DOCUMENT # N 05 00000 3782		ULUMÉTÁN: OF STATE TALLAHASSEE, FLORIDA
Parkfront Commercial center Condominium		(ALLAHASELE, I LUNUA
Association, Inc.		
2. Principal Office Address 13170 Sw 128 Street Suite, Apt. #, etc.	3. Mailing Office Address P.O. Box 1741 Suite, Apt. #, etc.	The state of the s
207		4. Date Incorporated or Qualified To Do Business in Florida
City & State Miami FL	Miani FL.	5. FEI Number Applied For Not Applicable
Zip Country	Zip Country	6. CERTIFICATE OF STATUS DESIRED or a Certificate of Status
33186 USA 33283 USA CERTIFICATE OF STATUS DESIRED of for a Certificate of Status 7. Name and Address of Current Registered Agent		
Name Ocean Managment & Investment corporation. Street Address (P.O. Box Number is Not Acceptable) 10697 Sw 76 Terrace. Suite. Apt. #, Etc. City Miami State Zip Code FL 33173		
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 REGISTERED AGENT MUST SIGN		
	/or Director (Florida nonprofit corporations must list at lea	ast 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD Jose Limon	13170 sw 128 st	#101 Hiami Fl. 33186
10 Marco Argena	al 13170 su 128 5	1#207 Miami Fl. 33186
Sto Ricardo Echava		#207 Higmi FL. 33186
	19/20	0972570601062025 ** TSO.00
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 filling 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 accurage, and my signature shall have the same legal effect as if made under oath. SIGNATURE:		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

Parkfront Commercial Center Condominium, Inc

13170 SW 128th Street, Suite # 207, Miami, FL 33186

Wednesday, 09/20/2006

Florida Department of State Division of Corporations

Recently I receive a letter from you where you inform me that I did not renew my corporation for the year 2006. My company name is Parkfront Commercial Center Condominium, Inc.

I apologize because maybe for the reason that I'm new in the business and don't have the knowledge, I didn't worry when I didn't receive any document by mail that tell me to renew the corporation.

Like I just told you I never receive this in the mail, and as you know is very difficult to start a new business so I'm asking you to please wave the penalties this time, like this is my first year and under the promise that I make sure that this doesn't happen again.

Thank you very much.

Sincerely,

Marco Argenal Vice-President