


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
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N05000003782**
 1. Corporation Name
Parkfront Commercial center Condominium Association, Inc.

2. Principal Office Address 13170 SW 128 street Suite, Apt. #, etc. 207		3. Mailing Office Address P.O. Box 1741 Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33186	Country USA	Zip 33283	Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
20-2708668

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Ocean Management & Investment corporation.

Street Address (P.O. Box Number is Not Acceptable)
10697 SW 76 Terrace.

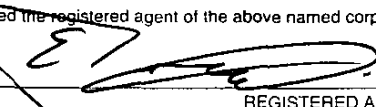
Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
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  Date **9-20-06**

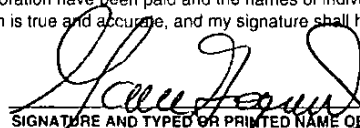
REGISTERED AGENT MUST SIGN

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
PD	Jose Lima	13170 SW 128 st #101	Miami FL. 33186
VD	Marco Argenal	13170 SW 128 st #207	Miami FL. 33186
STD	Ricardo Echavarría	13170 SW 128 st #207	Miami FL. 33186

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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:  Date **9-20-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 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