PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** FILED Sandra B. Mortham **FOR** Secretary of State 97 MAY -8 PM 4: 13 REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA N14875 DOCUMENT # 1. Corporation Name JEFATURA MILITAR CONJUNTA BRIGADA 2506, INC. Mailing Address Principal Place of Business 900 SW 1ST ST 800 SW 1ST STREET **STE 208 SUITE #208** MIAMI FL 33130 MIAMI FL 33130 If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Malling Office Address, If Applicable 2. New Principal Office Address, if Applicable 1017 S.w. 137 Suite, Apt. #, etc. 10/7 SW 1370 Suite, Apt. #, etc. 05/12/1986 5. FEI Number Applied For 65-0035868 City & State Not Applicable FL \$8.75. Additional Fee required Country CERTIFICATE OF STATUS DESIRED 33184 for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers Title(s) and/or Directors 8527-----01096--005 -05/14/97 \*\*\*\*122 7940 Biltmore Blrd. MIQUEL SOTO (V.P.) 920 S. W. 2 St. Apt #2 MIAMI F 1017 SW 137TH CT 900 S.W. 10 TR. HAMI FL. 33174 Jose F. Rubio 1220 S.W. 129 Ave HRROYD 8. Name and Address of Current Registered Agent Eliseo ROJAS, PEDRO P. Street Address (F.O. Box Number is Not Acceptably 920 SW 2ND ST. 1017 S.W. #2 MIAMI FL City Miny agistered agent of the above named comporation am familiar with and accept the obligations of Section 607.0505, F.S. Registered Agent HEGISTERED AGEN JUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. 12. 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 accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING C ICER OR DIRECTOR

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April 30, 1997 504-9032