


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris,
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 DEC 10 AM 10:17

DOCUMENT # **N99000005606**

1. Corporation Name
INSTITUCION FRATERNAL HERMANOS MODELO DE LA LIBE RTAD, INC.

Principal Place of Business 1140 S.W. 13TH AVENUE MIAMI FL 33135	Mailing Address 1140 S.W. 13TH AVENUE MIAMI FL 33135
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04/27/01 90331 037 700

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 09/21/1999
5. FEI Number GF-096022
APPLIED FOR <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required 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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MARQUEZ, JOSE R	1529 N.W. RIVER DR. APT 6	MIAMI FL 33135
TD	MINGUEZ, JOSE O	1970 PALM AVE APT 13	HIALEAH FL 33010
SD	RODRIGUEZ, CRISTINO N	10105 NW 9TH ST CIRCLE APT 206	MIAMI FL 33172
VD	BOUZA, SANTIAGO D	522 S.W. 6TH AVE	MIAMI FL 33130

REINSTATEMENT 01

8. Name and Address of Current Registered Agent

MARQUEZ, JOSE R
1140 S.W. 13TH AVENUE
MIAMI FL 33135

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
200004733952--6
 Suite, Apt. #, Etc.
-12720/01-01024-010
 City
*****175.00 ***175.00**
 State / Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **X** **Jose R. Marquez** **SIGNATURE REQUIRED** Date _____
 REGISTERED AGENT MUST SIGN

11. 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: **Jane Cruz Munguez** **SIGNATURE REQUIRED** Date **10/15/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED40 (8/01)