

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 DEC 17 AM 11:52

DOCUMENT # P0000007230

1. Corporation Name

Bird Road Properties, Inc.

000004739600--7
 -12/26/01--01088--016
 ****150.00 ****150.00

2. Principal Office Address

1172 S. Dixie Highway

Suite, Apt. #, etc.

#354

City & State

Coral Gables, Florida

Zip

33146

Country

U.S.A.

3. Mailing Office Address

1172 S. Dixie Highway

Suite, Apt. #, etc.

#354

City & State

Coral Gables, Florida

Zip

33146

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

01/24/00

5. FEI Number

650995974

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

Juan Daniel Fernandez

Street Address (P.O. Box Number is Not Acceptable)

930 Aguero Avenue

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33146

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

Date

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
PVST	JUAN Daniel Fernandez	930 Aguero Avenue	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:

Juan Daniel Fernandez
 Juan Daniel Fernandez

607 588-8050

CR2E081 (8/00)

FURTHER AFFAINT SAYETH NOT.

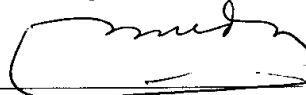


JUAN DANIEL FERNANDEZ

STATE OF FLORIDA

COUNTY OF DADE

Sworn to and subscribed before me this 12TH day of December, 2001, by Juan Daniel Fernandez, who is personally known to me, and who stated to me that the statements made above are true and correct to the best of his knowledge.



Notary Public – State of Florida

