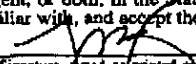
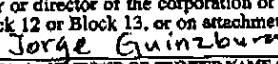


APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																									
DOCUMENT # P00000011082 1. Corporation Name CB 35, Inc.		FILED 03 FEB 25 AM 11:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
Principal Place of Business 		Mailing Address 																									
2. Principal Place of Business 21 90 Alton Road, #2402 22 Suite, Apt. #, etc. 23 City & State Miami Beach FL 24 Zip 33139		3a. Date of Last Report 2/1/2000 3. Date Incorporated or Qualified 2/1/2000 4. FEI Number 36-4343423 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No																									
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 County		3b. Date of Last Report 3c. Date of Last Report 4. Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No																									
9. Name and Address of Current Registered Agent Jose A. Rodriguez 777 Brickell Avenue, Suite 950 Miami, FL 33131		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 State FL 85 Zip Code																									
11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE  Jose A. Rodriguez by T. Baez as attorney-in-fact 2/26/03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>																											
12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="width: 70%;"> D/P <input type="checkbox"/> DELETE Jorge Guinzburg 90 Alton Road, #2402 Miami Beach FL 33139 </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td> S <input type="checkbox"/> DELETE Jorge Guinzburg 90 Alton Road, #2402 Miami Beach FL 33139 </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td> T <input type="checkbox"/> DELETE Jorge Guinzburg 90 Alton Road, #2402 Miami Beach FL 33139 </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td> <input type="checkbox"/> DELETE </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td> <input type="checkbox"/> DELETE </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td> <input type="checkbox"/> DELETE </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D/P <input type="checkbox"/> DELETE Jorge Guinzburg 90 Alton Road, #2402 Miami Beach FL 33139	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S <input type="checkbox"/> DELETE Jorge Guinzburg 90 Alton Road, #2402 Miami Beach FL 33139	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T <input type="checkbox"/> DELETE Jorge Guinzburg 90 Alton Road, #2402 Miami Beach FL 33139	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP </td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 02-03 </td> </tr> <tr> <td> 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 02-03	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on attachment with an address. SIGNATURE  Jorge Guinzburg 2/25/03 305-672-0686 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																											

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CORPORATION REINSTATEMENT

CB 35, INC.

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