

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVAL
AND
FILED

04 OCT 04 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *Olav*

DOCUMENT # P0000069066

1. Corporation Name

La Lechuza Caracas, Inc.

12300 South Shore Blvd.
12300 South Shore Blvd.

2. Principal Office Address

12300 South Shore Blvd.

3. Mailing Office Address

12300 South Shore Blvd.

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

Wellington, FL

City & State

Wellington, FL

Zip

33414

Country

USA

Zip

33414

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 7/17/2000

5. FEI Number

65-1024486

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

Alvaro L. Mejer, Esq.

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

2600 Douglas Rd

Suite, Apt. #, Etc.

Suite 1111

City

Coral Gables

State

FL

Zip Code

33134

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

Alvaro L. Mejer

Date 10/08/2004

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
D	Victor J. Vargas	12300 South Shore Blvd., Suite 200	Wellington, FL 33414
D	Jose Luis Feaugas M.	12300 South Shore Blvd., Suite 200	Wellington, FL 33414
D	Emma Cisneros	12300 South Shore Blvd., Suite 200	Wellington, FL 33414

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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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X Oct 10, 04

Date

Daytime Phone #

561-383-6764

CR2E081 (01/04)