

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000082661		01 OCT 26 AM 9:48	
1. Corporation Name 2301 FLAGLER CORP.			
Principal Place of Business 12937 NW 7TH LANE MIAMI FL 33182		Mailing Address 12937 NW 7TH LANE MIAMI FL 33182	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 08/28/2000		5. FEI Number 65-1048950	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
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	VALCARCE, ROBERTO	12937 NW 7TH LANE	MIAMI FL 33182
ST	VALCARCE, CESAR	9 ST. I-11 EST.	SAN FERNANDO CAROLINA, P.R. 009
			900004677309--0 11/13/01 01091 001 ****150.00 ****150.00
8. Name and Address of Current Registered Agent VALCARCE, ROBERTO 12937 NW 7TH LANE MIAMI FL 33182			
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City 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 REGISTERED AGENT MUST SIGN Date 10/24/01			
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: 10/24/01 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR20040 (8/01)

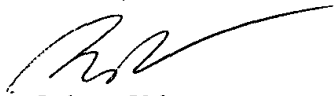
Florida Department of State
Division of Corporation.

FEI 1048950
ACC # P000000 82661

We hereby request that the 2301 Flagler Corp. be reinstated. We did not receive the notice that any fees were due. We had just incorporated on August 31, 2000 and were under the assumption that we had paid all fees. We respectfully request that the penalties and or additional fees be compromise. We have enclosed the \$150.00 annual fees and request reinstatement. We will ensure that next year's fee is paid timely.

If you have any questions, please contract me at 305-794-3611.

Sincerely,



Roberto Valcarce
Owner
12937 NW 7th Lane
Miami FL 33182
305-794-3611