

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000084485

1. Corporation Name

HOFFMAN INTERNATIONAL REALTY, INC.

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

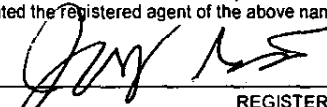
2. Principal Office Address		3. Mailing Office Address	
2100 PONCE DE LEON BLVD.		2100 PONCE DE LEON BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 600		SUITE 600	
City & State		City & State	
CORAL GABLES, FL		CORAL GABLES, FL	
Zip	Country	Zip	Country
33134	USA	33134	USA

**REINSTATEMENT 01-03**

4. Date Incorporated or Qualified To Do Business in Florida	
9/6/00	
5. FEI Number	Applied For
65-1037087	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name	
JORGE L. GURIAN	
Street Address (P.O. Box Number is Not Acceptable)	
2100 PONCE DE LEON BOULEVARD	
Suite, Apt. #, Etc.	
SUITE 600	
City	State Zip Code
CORAL GABLES	FL 33134

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07/22/03--01061--002 \*\*1050.00

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	Date
	4/24/03
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 Officers and/or Director	City/State/Zip
PSD	TOMAS HOFFMANN	2100 PONCE DE LEON BLVD., #600	CORAL GABLES, FL 33134
VPD	MARIA HOFFMANN	2100 PONCE DE LEON BLVD., #600	CORAL GABLES, FL 33134

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:	TOMAS HOFFMANN	4/24/03	786-344-9250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #