PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PC 1, FC

DOCUMENT # P00000086359 1. Comportion Name MAECO, INC. 2. Principal Office Address 1101 BRICKELL AVE. 1101 BRICKELL AVE. 1101 BRICKELL AVE. 1100 1100 City & State MIAMI, FL Satis, Apt. #, etc. 1100 City & State MIAMI, FL Satis Apt. #, etc. 1100 City & State MIAMI, FL Satis Apt. #, etc. 1100 City & State MIAMI, FL Satis Apt. #, etc. 1100 City & State MIAMI, FL Satis Apt. #, etc. 1100 City MIAMI Tr. Ments and Address of Current Replatered Apent ANDRES FRANCO PORTOCARRERO Steed Address (F.O. Box Number is Not Acceptable) Steed Address (F.O. Box Number is Not Acceptable) Steed Address (F.O. Box Number is Not Acceptable) REGISTERED ACENT MUST SIGN 9. Names and Shoul Addressed of Each Officer endor Director (Florida norporation small list at least 3 directors) Tries Officers and/or Directors Officers	CO	RPORATA			Jim Secreta	RTMENT OF Smith ry of State corporations	STATE				ED An 10: 1	45		
2. Principal Office Address 1101 BRICKELL AVE. 3. Matling Office Address 1101 BRICKELL AVE. 5. Suite, Act 4, ofc. 1100 1100	1. Corpo	oration Name	S Ta	TORET	ARY NSSE	OF STATE E. FLOKE	i A							
T. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent Name ANDRES FRANCO PORTOCARRERO Street Address (P.O. Box Number is Not Acceptable) 1101 BRICKELL AVE. Suite, Apr. #, Etc. 1100 City MIAMI State Zip Code 33131 8. I, being appointed the registerified agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Agent Registered Agent 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 Officer and/or Directors Officer and/or Directors Officer and/or Directors Officer and/or Directors MIAMI, FL 33131 0. I ortify that I am an officer or director or this receiver or trusts are missing the registered of section 607.0505 or 617. F.S. I further certify that when fing this reinstatement application, the reason for dissociation has been eliminated, the corporation have been paid and the names of inches the section of complete or the composition have been paid and the names of inches the section of composition of composition in the advance of the section of the section of country that when fing own by the corporation have been paid and the names of inches the section of country in a composition under section 5 section 607.0401 or 617.0401, F.S. The information indicated on this application is true and accounted, and, my signature shall have the same legal orficed as if mude under ceath. SIGNATURE AID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1101 B Suite, Apt. 1100 City & Start MIAMI, Zip	BRICKELL A #, etc. e , FL	VE.	3. Mailing Office Address 1101 BRICKELL AVE. Suite, Apt. #, etc. 1100 City & State MIAMI, FL				4. Date Incorporated or Qualified To Do Business in Florida 9-12-2000 5. FEI Number Applied For						
Name ANDRES FRANCO PORTOCARRERO Street Address (P.O. Box Number is Not Acceptable) 1101 BRICKELL AVE. Sute, Apt. 8, Etc. 1100 City MIAMI 8. 1, being appointed the registriffed agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registrated Agent Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Name of Officers and/or Directors Of	33131	Į.	JS	33131		•		CERTIFICA	TE OF STAT	US DESI	8€D □ \$8.75	Additions Certifics	l Fee require	:ť
Officer and/or Directors Officer and/or Director MIAMI, FL 33131 O.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 selfies the requirements of section 607,0401 or 617,0401, F.S., that all fees on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Signature of Registered /	Suite, Apt. #, City MIAN appointed the re	Etc. 1100	e named corpo	oration, am fa	miliar with and acc	cept the obliq		FL ion 607.050		33131			1000 FEET OF THE PROPERTY OF T
O. 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 filling 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 owned 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Titles	Name of Officers and/or Directors				Street Addres Officer and/o		City / State			Ip			
on this application 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: 10-22-02 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							٥	2 Y 8	n:		8			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	on this ap	the corporation in polication is true a	ave been paid and the non	son of individu	al- li-4			xemption unde th.	or section 11	19.07(3)	i further certify or 617.0401, F. i), F.S. The info	that whe .S., that a	n filing Il fees ndicated	
			URE AND TYPED OR PRINTE	D NAME OF SI	GNING OFFICE	R OR DIRECTOR		1	0-22-02 Date	2	()gráfino Di	one #		

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TO: DIVISION OF CORPORATION P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

THIS LETTER IS TO STATE THAT I SENT OU THE 2002 UBR FORM ALONG WITH A CHECK BUT NEVER HEARD ANYTHING FROM YOUR OFFICE REGARDING THE MISHAVE OF THE REGISTERED AGENT I AM ENCLOSING THE FORM YOU HAVE REQUESTED ALONG WITH A COPY OF THE CANCELLED CHECK.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY

ANDRES FRANCO PORTOCARRERO

PRESIDENT