PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 04 APR 23 PH 3: 38 FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State REINSTATEMENT SCORLIMAY OF STATE TALLAHASSEE, FLORIDA **DIVISION OF CORPORATIONS DOCUMENT**# P00000088250 1. Corporation Name DUBLIN BAY CORPORATION DEMSTATEMENT 03-04 2. Principal Office Address 3. Mailing Office Address 2100 PONCE DE LEON BLVD 2100 PONCE DE LEON BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date incorporated or Qualified SUITE 600 SUITE 600 To Do Business in Florida 09/18/2000 City & State City & State 5. FEI Number Applied For CORAL GABLES, FL CORAL GABLES, FL 65-1047287 Not Applicable Country Zip \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 33134 DADE 33134 DADE for a Certificate of Status 7. Name and Address of Current Registered Agent 700034016387 04/27/04--01031--009 **300.00 JORGE L. GURIAN Street Address (P.O. Box Number is Not Acceptable) 2100 PONCE DE LEON BLVD Suite, Apt. #, Etc. SUITE 600 State Zin Code City FL 33134 CORAL GABLES CRZE081 (01/04 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. Date 04/22/04 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) Street Address of Each Name of City / State / Zip Titles Officer and/or Director Officers and/or Directors CORAL GABLES, FL 33134 PD O'BRIEN, JOHN W 2100 PONCE DE LEON BLVD. #600 O'BRIEN, BRIGID CORAL GABLES. FL 33134 2100 PONCE DE LEON BLVD. #600 SD 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 impropation indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. 119.07(3)(i), F.S. Th

JOHN W. O'BRIEN

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/04 305-279-4101

Daytime Phone #

STF FL32524F.1

SIGNATURE:

Jorge L. Gurian, P.A.

April 22nd, 2004

Division of Corporations State of Florida 409 East Gaines Street Tallahassee, FL 32399

Re: Dublin Bay Corporation (P00000088250)

To Whom It May Concern:

Enclosed please find the Uniform Business Report for Dublin Bay Corporation for 2003. This report had not been filed previously because the principal officer/ director had never received the renewal package during calendar year 2003. Upon becoming informed of the need to file a Uniform Business Report, he of course was willing to comply with same and as such we provide the enclosed in conjunction with payment for the year 2003.

We therefore respectfully request that you accept this filing as timely and classify the corporation as active and in accordance with the rules and regulations of the State of Florida. In addition, we have taken measures to ensure that this issue does not occur in subsequent years by correcting the address for the company and the registered agent information.

Thank you very much for your anticipated understanding and cooperation in this matter.

Very truly yours,

IØRGE L. GURIAN

JOHN O'BRIEN

Enclosure