PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

P01000004657 DOCUMENT

1. Corporation Name

AGORA VENTURES FLORIDA, INC.

Principal Place of Business

Mailing Address

C/O 1390 BRICKELL AVENUE, SUITE 200 MIAM! FL 33131

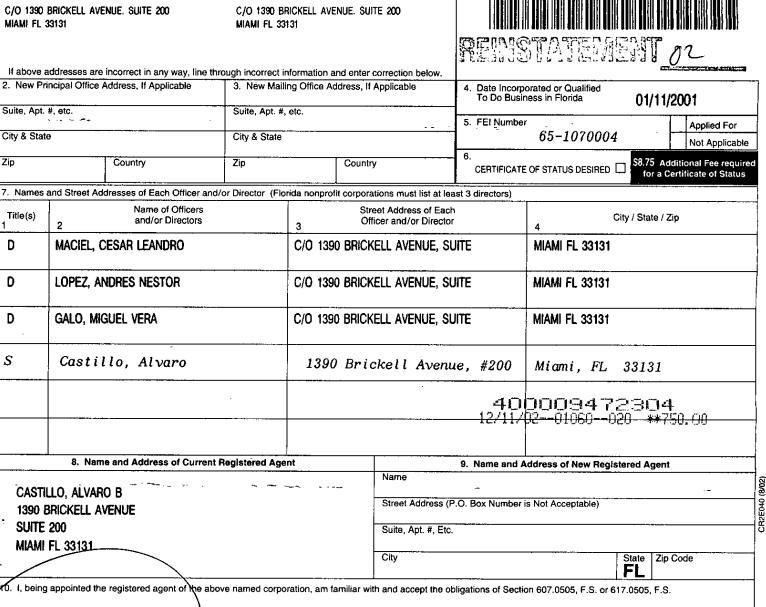
C/O 1390 BRICKELL AVENUE. SUITE 200

MIAMI FL 33131

FILED

" 02 DEC 11 AM 8: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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 anothe 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 mysignature shall have the same legal effect as if made under oath.

Signature of Registered Agent

(305) 371-3 Phone #