

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000011559

1. Corporation Name

FORTY ONE SQUARE - KEY BISCAYNE, INC.

FILED

08 JUL 30 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700134356757
08/12/08--01008--026 **\$50.00

REINSTATEMENT 04-08
JC7/30

2. Principal Office Address - No P.O. Box # 915 MIDDLE RIVER DRIVE		3. Mailing Office Address SAME	
Suite, Apt. #, etc. SUITE 50		Suite, Apt. #, etc.	
City & State FORT LAUDERDALE, FL		City & State	
Zip 33304	Country	Zip	Country
7. Name and Address of Current Registered Agent			
Name GEORGE R. MORAITS Street Address (P.O. Box Number is Not Acceptable) 915 MIDDLE RIVER DRIVE			
Suite, Apt. #, Etc. SUITE 50			
City FORT LAUDERDALE		State FL	Zip Code 33304
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 _____	
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 Officer and/or Director	City / State / Zip
P/D	LUIS LAPLANA	915 MIDDLE RIVER DRIVE STE 50	FORT LAUDERDALE, FL 33304
V/D	PATRICIA LAPLANA	915 MIDDLE RIVER DRIVE STE 50	FORT LAUDERDALE, FL 33304
S/T/D	ANA BIGOTT	915 MIDDLE RIVER DRIVE STE 50	FORT LAUDERDALE, FL 33304

4. Date Incorporated or Qualified
To Do Business in Florida 01-31-2001

5. FEI Number
65-1103909 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____

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 Officer and/or Director	City / State / Zip
P/D	LUIS LAPLANA	915 MIDDLE RIVER DRIVE STE 50	FORT LAUDERDALE, FL 33304
V/D	PATRICIA LAPLANA	915 MIDDLE RIVER DRIVE STE 50	FORT LAUDERDALE, FL 33304
S/T/D	ANA BIGOTT	915 MIDDLE RIVER DRIVE STE 50	FORT LAUDERDALE, FL 33304

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 contained in Chapter 119, 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:

Luis Laplana
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #