

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000027022

1. Corporation Name
5600 INVESTMENT INC.

255 ALHAMBRA CIRCLE
255 ALHAMBRA CIRCLE

2. Principal Office Address
255 ALHAMBRA CIRCLE

3. Mailing Office Address
255 ALHAMBRA CIRCLE

Suite, Apt. #, etc.
SUITE 705

Suite, Apt. #, etc.
SUITE 705

City & State
CORAL GABLES, FLORIDA

City & State
CORAL GABLES, FLORIDA

Zip Country
33134 MIAMI-DADE

Zip Country
33134 MIAMI-DADE

**4. Date Incorporated or Qualified
To Do Business in Florida** 3/15/2001

5. FEI Number 65-1089421
Applied For
Not Applicable

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

REINSTATEMENT 03-04

FILED
04 JUL -8 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500038893625
07/08/04--01049--003 **908.75

7. Name and Address of Current Registered Agent

Name
MARIN, P.A.

Street Address (P.O. Box Number is Not Acceptable)
255 ALHAMBRA CIRCLE

Suite, Apt. #, Etc.
SUITE 705

City
CORAL GABLES

State Zip Code
FL 33134

TR

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 7/7/04

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
D	OSWALDO HERNANDEZ BALNCO	255 ALHAMBRA CIRCLE, STE 705	CORAL GABLES, FL 33134
D	MAGALY MESA BATISTA	255 ALHAMBRA CIRCLE, STE 705	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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/04

Date

305-448-0511

Daytime Phone #

CR2E081 (07/04)