PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA S DIVI	FILED O5 FEB 28 PH 12: 30											
DOCUMENT # P01000058516 1. Corporation Name								OS FEB 20 SECRETARY OF STATE TALLAHASSEE, FLORIDA							
M&NREAL ESTATE INTERESTS CORPORA															
2. Princi	pal Office Ad	dress	3. Mailing	3. Mailing Office Address						±r32 (% 54 15	- A 05	F	,		
2100 P	ONCE DI	E LEON BLVD.	2100 PC			TAT:	た影響			03-	2)				
Suite, Apt.		L HEOR BEVE.	+	2100 PONCE DE LEON BLVD. Suite, Apt. #, etc.					, , , , , ,			CHOCK		`~ f \.	
600			600	Date Incorporated or Qualified To Do Business in Florida							J. (8				
City & Stat	te		City & State	6/12/01							_				
CODAT	CADI		CODAT	5. FEIN					Ap	plied For]				
Zip	ORAL GABLES, FLORIDA Country		Zip	GABLE		S, FLORIDA Country		65-1111221			Not Applicable				
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33134		USA	33134		USA				STATUS DES	SIKEU [tor a	Cerunca	te of Status	J	
	Name CARLOS VILLANUEVA Street Address (P.O. Box Number is Not Acceptable) 2100 PONCE DE LEON BOULEVARD Suite, Apt. #, Etc. 600									700047932317 03/08/0501031003 **450.00					
City CORAL GABLES								State Zip Code FL 33134							
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.													01/04		
Signature e Registered		Allas Villa	AGENT MUS	ST SIGN									CR2E081 (01/04)		
O Nama	o and Stead						-4 li-4 -4 l4		4>					┫	
Titles	s and street	Name of Officers and/or Directors		Id/or Director (Florida nonprofit corporations must Street Address of Each Officer and/or Director				th City / State / 7in							
PD	NORBE	RTO GURVICH		2100 PONCE DE LEON BLVD					CORAL	GABL	ES,	FL	33134		
SD	MARTA	DOCAMPO		2100 PONCE DE LEON BLVD			o., #600_	., #600 CORAL GAI			LES, DL 33134				
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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 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 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: NORBERTO GURVICH 2/23/05 305-866-3228 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #															

Jorge L. Gurian, P.A.

February 23rd, 2005

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

Re: M&NREAL ESTATE INTERESTS CORPORATION (P01000058516)

To Whom It May Concern:

Enclosed please find the Corporate Reinstatement Report for M&NReal Estate Interests Corporation. The annual Uniform Business Report had not been filed previously because the principal officer/ director had never received the renewal package during calendar year 2003 or 2004. 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, 2004 & 2005.

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

YORGE L. GURIAN

NORBERTO GURVICH

Enclosure