PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATIO	N
REMOTATEMEN	43



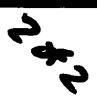
FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

DIVISION OF CORPORATIONS

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Daytime Phone #

							in the second of	TAVE	
DOCUMENT # P0/00069840 1. Corporation Name							SEGRETARY OF STATE TALLARASSEE. FLORIDA		
<i>C,</i>	4B0	MAYOR ; /	VC.						
2 Prince	ingl Office Add						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	48 L	
2. Principal Office Address 1.55 BRICKELL BAY DR 1.25			iling Office Address			11/14/020104803	1651		
		WELL DAY	DK 11.05.	BRICK	ELL BAY	DR 🗬		30 **150.00	
Suite, Ap	t. #, etc.		Suite, Apt.					RK A	
						4. Da	ite Incorporated or Qualified		
City & St			City & State	e		То		6/2001	
MI	9111	RA	MI	9M1	50	5. FE	l Number		
Zip_		Country	Zip	////	1219	4	5-1123617	Applied For Not Applicable	
33	13/	USA	33/3	27	Country	6.		3.75 Additional Fee required	
<u></u>	T	007			USA			for a Certificate of Status	
ļ	Name		7.	Name and A	ddress of Current	Registered Agent			
) Nu	Name	TDA C 8	DVIES						
	Street Ad	dress (P.O. Box Number	JV/Z-3						
	2:	307 DOUGL	AS RI	_					
	Suite, Apt	#, Etc.	1100 /01				<u>.</u>		
		4.400							
	City	MIAMI					State Zip Code		
8. I, bein	g appointed the	e registered-agent of the	above pamed some		***		FL 3314	<u> </u>	
Signature -	of.	James and		oration, am fa	miliar with and acce	ept the obligations of	of section 607.0505 or 617.0503, F.S	i.	
Registered		_ Dea	C Ou	us)			ulala		
			REGISTERED AC	SENT MUST S	SIGN		Date	≠	
9. Name	s and Street A	ddresses of Each Officer	and/or Director (Fl	orida nonomfil	compositions must	list at least 2 disc.			
Titles		Name of					ors)		
		Officers and/or Direct	ors		Street Address Officer and/or	of Each Director	City / Sta	te / Zip	
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D. I certify	that I am an of	fficer or director or the			· · · · · · · · · · · · · · · · · · ·				
this rein	statement app	lication, the reason for dis	ceiver or trustee em ssolution has been	powered to ex eliminated, the	ecute this application	on as provided for in	n chapter 607 or 617, F.S. I further chapter 607 or 617, 0401 or 617,040	ertify that when filing	
OWEGU	v me corporation	on have been paid and the rue and accurate, and my	a namer of individu	ومراب والمحاجرة المحاجرة			nents of section 607.0401 or 617.04(n under section 119.07(3)(i), F.S. The)1, F.S., that all fees	
		1125	Service Strail Hav	e ule same le	gai effect as if made	e under oath.	, , , , , , , , , , , , , , , , , , , ,		
SIGNAT	IIDE:	VII	<i></i>				11/-/-	<u>_</u>	
GIVA		NATURE AND TYPED OR P	RINTED NAME OF ST	ICHINO CENT			11/7/02 305	445 7100	
		/	MAINE OF S	OFFICE	K OR DIRECTOR		/ pate Davin	na Phone #	



CABO MAYOR, INC 1155 BRICKELL BAY DR MIAMI, FLA 33131

November 7, 2002

Secretary of State Division of Corporations PO Box 6327 Tallahassee, Fla 32314

Re: UBR 2002

Dear Sirs:

Please find enclosed completed application for reinstatement and check for \$150 annual fee for Cabo Mayor, Inc. Document# P01000069840.

We never received the first or second UBR forms for 2002.

Please file the reinstatement as soon as possible.

Thank you.

Respectfully,

Juan Maria Uriarte

President