

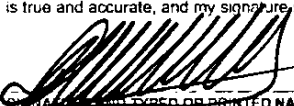


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STATE
FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000070348			
1. Corporation Name PLAYA SUR PROPERTIES INC.			
2. Principal Office Address - No P.O. Box # 234 WASHINGTON		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI BEACH, FL		City & State SAME	
Zip 33139	Country USA	Zip SAME	Country SAME
7. Name and Address of Current Registered Agent		4. Date Incorporated or Qualified To Do Business in Florida	
Name 234 WASHINGTON AVE		5. FEI Number 65-1127652	
Street Address (P.O. Box Number is Not Acceptable) IRINA BALL		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, Etc.		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
City MIAMI BEACH		<input type="checkbox"/> 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.	
State FL		Zip Code 33139	
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 6-1-07	
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	Irina J. Ball	234 Washington Ave	Miami Beach, FL
D	Ivette Cruz	"	" 33139
900104880229 06/26/07--01036--007 **1350.00			
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: 		6-1-07-7862767010	
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR IRINA BALL		Date	Daytime Phone #