

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1 of 2*

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 31 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000074186

1. Corporation Name

LAM PROPERTIES, CORP.

2. Principal Office Address

9240 SW 72 ST

Suite, Apt. #, etc.

Ste: 202

City & State

Miami, FL

Zip

33173

Country

US

3. Mailing Office Address

9240 SW 72 ST

Suite, Apt. #, etc.

Ste: 202

City & State

Miami, FL

Zip

33173

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

07/27/2001

5. FEI Number

46-0483938

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PEREZ, GUILLERMO ESQ.

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

Suite, Apt. #, Etc.

9240 SW 72 ST. # 202

City

MIAMI

State

FL

Zip Code

33173

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
D	PEREZ, GUILLERMO	9240 SW 72 ST # 202	Miami, FL 33173

REINSTATEMENT *03*

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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 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

Date

Daytime Phone #

CR2E081 (10/02)

Payer

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314


TO WHOM IT MAY CONCERN:

I NEVER RECEIVED THE REJECT LETTER FOR THE MONTH OF JUNE AND I TRULLY APOLOGIZE FOR THE MISTAKE I MADE OF NOT SIGNING THE DOC. PLEASE MAKE NOTE OF OUR NEW ADDRESS.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY


GUILLERMO PEREZ
PRESIDENT