

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 MAY -9 PM 2:56

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P01000088642

1. Corporation Name
 Normandy Isles II, Inc.

Principal Place of Business Mailing Address
 1295 NW 14 St. 1295 NW 14 St.
 Ste. F Ste. F
 Miami, FL 33136 Miami, FL 33136

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-1138448	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Gladys Granda Rodriguez	1295 NW 14 St Ste F Miami	Miami FL 33136
D	Pedro Rodriguez	1295 NW 14 St Ste F	Miami FL 33136

~~05/09/03--01057--001 **308.75~~
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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Gladys Granda Rodriguez 1295 NW 14 St. Ste. F Miami, FL 33136		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent: P.B.S. REGISTERED AGENT MUST SIGN Date: _____

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: P.B.S.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____

CR2E081 (12/98)

April 13, 2002

Florida Department of State

Re: Normandy Isle II, Inc
PO1000088642
ID 65 1138448

As per my telephone conversation, I'm hereby sending last year and this year corporate File since we did not received them because the address you had in file was wrong. We are hereby kindly asking for the fine to be waived.

If you have any question, please do not hesitate to contact me.

Sincerely,



Gladys B. Granda Rodriguez;