
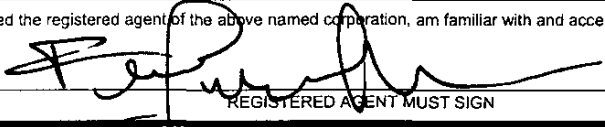



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 MAY -3 PM 1:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P01000111833				
1. Corporation Name Biscayne Bay Group, Inc.				
2. Principal Office Address 6101 Aqua Avenue Suite, Apt. #, etc. Suite 303 City & State Miami Beach, FL Zip 33141 Country USA		3. Mailing Office Address 6101 Aqua Avenue Suite, Apt. #, etc. Suite 303 City & State Miami Beach, FL Zip 33141 Country USA		
		4. Date Incorporated or Qualified To Do Business in Florida 11/26/01		
		5. FEI Number 65-1154704 <div style="float: right;"><input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</div>		
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name FLORENCIA JIMENEZ-MARCOS				
Street Address (P.O. Box Number is Not Acceptable) 6101 Aqua Avenue Suite, Apt. #, Etc. Suite 303 City Miami Beach, FL State FL Zip Code 33141				
500074539345 05/12/06--01067--014 ***1203.75				
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 4/26/06		
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	
P/D	FLORENCIA JIMENEZ-MARCOS	6101 Aqua Avenue, #303	Miami Beach, FL 33141	
VP/D	Xavier Gonzalez-Sanfelieu	6101 Aqua Avenue, #303	Miami Beach, FL 33141	
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: 		Date 4/24/06 Daytime Phone # 305.673.6232		
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				