PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **APPLICATION** FLORIDA DEPARTMENT OF STATE Sandra B. Mortham FOR Secretary of State REINSTATEMENT 02 MAY -3 PM 1:02 DIVISION OF CORPORATIONS DOCUMENT # P01000113616 SECRETARY OF STATE La Epoca out Let, Corp. Principal Place of Business Mailing Address East 12 St. Higleah, Fla. 23010 It above addresses are incorrect in any way, line through incorrect information and enter correction below. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 11-30-01 Suite, Apt. #, etc. Applied For Not-Applicable_a CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director and/or Directors City / State / Zip (Do NOT Use Post Office Box Numbers) dro L. Micaba Hia Fla. 33010 -05/15/02--01058--014 ****150.00 ****150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Redro L. Mirab 174 East 12. Zip Code 330/0 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 REGISTERED AGENT MUST SIGN Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. 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 filling 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. 4/11/02

ED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR