

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY -9 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000119619

1. Corporation Name

MAPREN REAL ESTATE, INC.

2. Principal Office Address

848 BRICKELL KEY DR.

Suite, Apt. #, etc.

#902

City & State

MIAMI, FLORIDA

Zip

33131

Country

USA

3. Mailing Office Address

848 BRICKELL KEY DR.

Suite, Apt. #, etc.

#902

City & State

MIAMI, FLORIDA

Zip

33131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1159605

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

CARLOS FITA

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

848 BRICKELL KEY DR.

Suite, Apt. #, Etc.

#902

City

MIAMI

State
FL

Zip Code
33131

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

REGISTERED AGENT MUST SIGN

Date

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	FITA, CARLOS	848 BRICKELL KEY DR. #902	MIAMI, FL 33131

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

4-30-03

Daytime Phone #

(305) 773-6473

CR2E081 (10/02)

91 5/15

**Mapren Real Estate, Inc.
848 Brickell Key Drive #902
Miami, FL 33131**

April 30, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

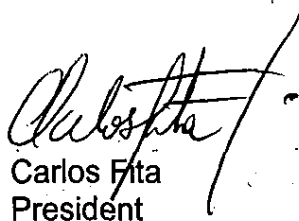
Dear Sirs:

To our great dismay we recently discovered that our corporation had been
" Administratively Dissolved" for non-payment of the annual corporate fees.

After we researched the problem we discovered last year we never received the
annual corporate report forms, because the address listed on our incorporation is
the old one, we moved at the beginning of the year 2002.

Pursuant to the instructions we received from one of your employees on the
telephone we are enclosing a check for \$300.00, \$150.00 for 2001 and & \$150
for this year and a completed reinstatement form.

We hope this will be sufficient to resolve this matter.



Carlos Fita
President