

| APPLICATION FOR REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
|---|---|---|---|
| DOCUMENT # P020000034909 1. Corporation Name Miami Brokers Holdings Corp. | | | |
| Principal Place of Business | | Mailing Address | |
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 1320 South Dixie Highway | 26 1320 South Dixie Highway | 3. Date Incorporated or Qualified 3/29/2002 | |
| Suite, Apt. #, etc. 22 Suite 280 | Suite, Apt. #, etc. 27 Suite 280 | 3a. Date of Last Report | |
| City & State 23 Coral Gables FL | City & State 28 Coral Gables FL | 4. FEI Number 43-1963400 | |
| Zip 24 33146 | County 25 Miami-Dade | Applied For Not Applicable | |
| 29 33146 | 30 Miami-Dade | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 9. Name and Address of Current Registered Agent | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Raul J. Sanchez De Varona 1320 South Dixie Highway Suite 280 Coral Gables, FL 33146 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 10. Name and Address of New Registered Agent | | | |
| 81 Name | | | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| 83 | | | |
| 84 City | | 85 Zip Code | |
| 11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | |
| SIGNATURE | | 10/1/03 | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) DATE | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director MARTINEZ, GUILLERMO <input type="checkbox"/> DELETE 1320 South Dixie Highway Suite 280 Coral Gables, FL 33146 | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director LOPEZ, ALI <input type="checkbox"/> DELETE 1320 South Dixie Highway Suite 280 Coral Gables, FL 33146 | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 100023654341 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on attachment with an address. | | | |
| SIGNATURE | | by K. Sarria as attorney-in-fact for Guillermo Martinez 305-672-0686 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT -8 PM 12:20

10/1/03

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Miami Brokers Holdings Corp.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$150 check payable to Florida Department of State

We never received the Uniform Business Report that should have been mailed to us. Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: _____

by K. Sarria as attorney-in-fact

Name: _____

GUILLERMO MARTINEZ

Title: _____

Director

Date: _____

10/2/03

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 10-03-03

NAME: MIAMI BOKERS HOLDINGS CORP.

TYPE OF FILING: 2003 UBR

COST:

150 - w/ waiver

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION:

ABBIE/PAUL HODGE

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03 OCT - 3 PM 4: 34
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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03 OCT - 8 AM 10: 54
DIVISION OF CORPORATION

*10/8 OK to Resubmit - Please
re turn original file date*