PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 07 MAY 24 PM 4: 27
DOCUMENT # P0Z0000 63 \ 59 1. Corporation Name		SECRETAINT OF STATE TALLAHASSEE, FLORIDA
SIBAUSTE & ASSOCIATES, INC.		AR .
2. Principal Office Address - No P.O. Box # 580 HE 10GTH ST	3. Mailing Office Address	REINSTATEMENT 05-07
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida (0-7-02-
city & State Miphil SHORES, FL	City & State	5. FEI Number Applied For 1342 4 6274 Not Applied For
21p Country 33 138 USA	Zip Country	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
Name JAIME SIBAUSTE Street Address (P.O. Box Number is Not Acceptable) 580 NE 106 TH STREET Suite, Apt. #, Etc. SUITE 100 City , State Zip Code		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
NIAM SHORES FL 33\38 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 18-07		
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	
P JAIME SUBAUST		, , , , , , , , , , , , , , , , , , ,
TEURAID GILOL 9V	6 580 NB 106TH ST	1 4 100 Miami sHORES, FL 33138
ST LIGIA SIBAUST	580 NE 106TH ST	
,		500103432395 05/29/07-01032-016 **300.00
		500103432395 05/29/0701032017 **150.00
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 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destruction 17, F.S. I further certify that when filling this remainder of the requirements of section 607.0401 or 617.0401, F.S., that all fees over destruction for the reason for dissolution has been eliminated, the corporation as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstance is application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstance is application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstance is application as provided for in chapter 607 or 617, G.D. I for the reason for dissolution has been eliminated, the corporation as provided for in chapter 607, G.D. I for the reason for dissolution for the resonance of the resonance of the reason for dissolution for dissolution for dissolution for dissolution for		