

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -4 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000081510

1. Corporation Name
MARK DADELAND, INC.

2. Principal Office Address
1221 BRICKELL AVENUE

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
#2100

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

Zip Country
33131 MIAMI-DADE

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
56-2342300

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
MARTIN, PEDRO A. ESQ.

300023970213

Street Address (P.O. Box Number is Not Acceptable)
1221 BRICKELL AVENUE

10/21/03--01053--005 **750.00

Suite, Apt. #, Etc.
SUITE #2100

City
MIAMI

State Zip Code
FL 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

Date 10-31-03

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
PRES	RAYMUNDO PODESTA	1221 BRICKELL AVE #2100	MIAMI, FL 33131
VP	MANON HERRERA DE PODESTA	1221 BRICEKLL AVENUE #2100	MIAMI, FL 33131
SEC	MARIA PODESTA	1221 BRICKELL AVENUE #2100	MIAMI, FL 33131

REINSTATEMENT 03

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10. I certify that I am an officer, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 16th 2003
Date

Daytime Phone #

CR2E081 (10/02)