

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 27 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000081720

1. Corporation Name

The Managers Group, Inc.

2. Principal Office Address

161 CRANDON BLVD.

3. Mailing Office Address

161 CRANDON BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - FL

City & State

KEY BISCAVNE - FL

Zip

33149

Country

US

Zip

33149

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

09/29/2002

5. FEI Number

72-1573037

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status.

000024101160
10/27/03--01006--021--**158.75
REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

WILLMOTT, VILMA

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

400 SOUTH POINTE DR.

Suite, Apt. #, Etc.

2502

City

MIAMI BEACH

State

FL

Zip Code

33139

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

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date 10/21/2003

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 |
|--------|-----------------------------------|--|---------------------------|
| DP | LYNCH, MATIAS | 161 CRANDON BLVD. | KEY BISCAVNE - FL - 33149 |
| DS | SEEFELD, GUILLERMO | 161 CRANDON BLVD. | KEY BISCAVNE - FL - 33149 |
| | | | |
| | | | |
| | | | |

[Handwritten Signature]
10/29

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:

[Handwritten Signature]

MATIAS LYNCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/2003

Date

305-531-9292

Daytime Phone #

CR2E081 (10/02)