## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT			DEPARTMENT OF STATE Secretary of State VISION OF CORPORATIONS		O4 MAR 18 PM 2: 34  SECRETARY OF STATE TALL AMOSSITE FLORIDA			
DOCUI	MENT # P02000084497			-	1731_7	A COST FLORI	DA	
LA PERLA 1406 CORP					STA	CMEMI	03-04	
			Office Address		000	12873783	31	
3092 NE 210th TERRACE Suite, Apt. #, etc.		3092 NE 210TH TERRACE  Suite, Apt. #, etc.		100028737831 02/13/0401039010 **150.00				
			-4 Date II			Qualified		
City & State		City & State		To Do Busi			<u> </u>	
AVENTURA, FL		AVENTURA, FL			54.2066726		Applied For Vine Not Applicable	
Zip 33180-36	Country 613	Zip 33180-3613	Country	6. CERTIFICATE	E OF STATU		itional Fee required	
7. Name and Address of Current Registered Agent								
	Name DANIEL GINSBERG							
ŀ	Street Address (P.O. Box Number is Not Acceptable) 3092 NE 210th TERRACE 10028737831 03/23/0401118019 **150.00							
┠	Suite, Apt. #, Etc.				1/04	<u>01118019 ₩</u>	<u>*150</u> .00	
-	City				State	Zip Code	_	
	AVENTURA				FL	33180		
8. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obling signature of Registered Agent REGISTERED AGENT MUST SIGN					bligations of section 607.0505 or 617.0503, F.S.  Date 02/04/2004			
9. Names a	nd Street Addresses of Each Officer and	or Director (Florida non	profit 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			
P (	GINSBERG,DANIEL		2092 NE 210 TERRACE		AVENTURA FL 33180			
.V E	BOGANI, HUGO		2092 NE 210 TERRACE		AVENTURA FL 33180			
S F	RUBINSZTEIN,SAMUEL		2092 NE 210 TERRACE		AVENTURA FL 33180			
T \	WEINSTEIN, ILAN		2092 NE 210 TERRACE		AVENTURA FL 33180			
			, 1-181-18-19-1-1-1-1-1-1-1-1-1-1-1-1-1-1-					
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 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:  O2/04/2004								

## Accounting Office KIM MARKS, C.P.A., P.A.

## CERTIFIED PUBLIC ACCOUNTANT

11900 Biscayne Boulevard - Suite 290 North Miami, Florida 33181-2726

Toll Free USA: 888-895-5815 Internet: KimCPA@ix.netcom.com Tel: (305) 895-5815 Fax: (305) 895-6273

February 4, 2004

Division of Corporations
Uniform Business Report Filings
PO Box 6327
Tallahassee, FL 32314-6327

Re: LA PERLA 1406, CORP. P02000084497 UBR 2003

Enclosed please find a check in the amount of \$150.00 for renewal of the corporation.

We are requesting an abatement of the late filing penalty. The owner never received any prior notice or filings until she checked her status on the Internet and then received the Notice of dissolution.

We appreciate any courtesy extended to this corporation.

-Thank you,

Kim Marks CPA