

03

03 JUN 26 PM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600021272506
07/02/03--01056--007 **150.00

7. Name and Address of Current Registered Agent		
Name	LUIS SORAMUNT	
Street Address (P.O. Box Number is Not Acceptable)	1221 BRICKELL AVE.	
Suite, Apt. #, Etc.	#1221 #1100	
City	Miami	State FL Zip Code 33131

Signature of
Registered Agent

Date 04/28/2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2E081 (10/02)