


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000106426			
1. Corporation Name <b>HIFP CORPORATION</b>			
2. Principal Office Address - No P.O. Box # 2121 PONCE DE LEON BLVD.		3. Mailing Office Address 2121 PONCE DE LEON BLVD.	
Suite, Apt. #, etc. <b>SUITE 1050</b>		Suite, Apt. #, etc. <b>SUITE 1050</b>	
City & State <b>CORAL GABLES, FL</b>		City & State <b>CORAL GABLES, FL</b>	
Zip <b>33134</b>	Country	Zip <b>33134</b>	Country
4. Date Incorporated or Qualified To Do Business in Florida <b>10/03/2002</b>		5. F.S. Number <b>760717595</b>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		7. Additional Fee required for a Certificate of Status <input type="checkbox"/>	
7. Name and Address of Current Registered Agent <b>CONSULTING SERVICES OF SOUTH FLORIDA, INC.</b> <b>2121 PONCE DE LEON BLVD.</b> <b>SUITE 1050</b> <b>CORAL GABLES, FL 33134</b>			
<input checked="" type="checkbox"/> 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.			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0505, F.S. Signature of Registered Agent <u><i>[Signature]</i></u> Date <u>3/26/07</u> 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
D	VELASCO, DIVA Y.	CAR. 7, NO. 93 A -35, APT. 605	BOGOTA, COLOMBIA 0000
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 817, 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 807.0401 or 817.0401, 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: <u><i>[Signature]</i></u>		3/26/07 305/444-2213	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-07

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