PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION STATEME				DEPARTMENT Secretary of Sta ISION OF CORPORA	ate			FIL 04 OCT 21): 52	
DOCUMENT # P02000133379 1. Corporation Name								SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Ollivier Real Estate Corp.												
2100 Ponce de Leon Blvd. 2100 Ponce de Leon Blvd.							ED ED IND	10E3	e sacan no	. ne z	· *	
a contract of the contract of					3. Mailing Office Address 2100 Ponce de Leon Blvd.			REMSTATEMENT 03-04				
				1 .	Suite, Apt. #, etc.			:				
600					600			4. Date Incorporated or Qualified To Do Business in Florida 12/23/2002				
City & State Coral Gables				Coral Gables		5. FEI Numbe 20-108484						
^{Zip} Florida	-	Country U.S.		Zip Florida	Country U.S.A		6. CERTIFICATE	OF STATU			al Fee required ate of Status	
				7. 1	iame and Address o	f Current Register	ed Agent	•				
•	Name Carlos J. Villanueva, Esq.											
	Street Address (P.O. Box Number is Not Acceptable) 2100 Ponce de Leon Blvd.											
	Suite, Apt. #, Etc. 600										·	
	City Coral Ga	bles	<u>.</u>					State FL	Zip Code 33134		_	
8. I, being	appointed the	registere	d agent of the a	bove named corpo	oration, am familiar wi	th and accept the ob	bligations of section	on 607.050	05 or 617.0503, F.S.			
Signature of Registered Agent							Date	10-19-	py	i di		
					STERED AGENT MUST SIGN							
9. Names	and Street Add	iresses		and/or Director (Flo	orida nonprofit corpora		<u> </u>		· ,		*	
Titles Name of Officers and/or Directors			ors ·	Street Address of Each Officer and/or Director								
P/D _.	Fernando Iriarte			2100 Ponce de Leon Blvd. #600			Coral Gables, Florida 33134					
s	Carlos J. Villanueva			2100 Ponce de Leon Blvd. #600			Coral Gables, Florida 33134					
								5	PSIDIS	5		
				. •					7		.5	
					71 10/21	700042073157 10/21/0401054005 **317.50						
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. SEC. 10-11-04 305-377-0812												

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

32E081 (01/04)

Daytime Phone #

Date

Law Offices of Carlos J. Villanueva, P.A.

Attorney at Law 2100 Ponce De Leon Blvd., Suite 600 Coral Gables, Florida 33134

Telephone: (305) 377-0812 Facsimile: (305) 377-8848

E-mail address: cvillanueva@unaley.com

Website: www.unaley.com

October 20, 2004

Department of State Reinstatement Section Division of Corporations 409 East Gaines St. Tallahassee, FL 32399

Dear Sir or Madam:

This serves to confirm that our office did <u>not</u> receive the renewal form for this entity. Please confirm that your address on record is the correct one as 2100 Ponce De Leon Blvd., <u>Suite 600</u>, Coral Gables, Florida, 33134. Please be certain to include the suite number because if not it may not reach our suite. We enclose the renewal fees for 2003 and 2004. Please reinstate as soon as possible.

Thank you for your courtesies.

Sincerely,

Carlos J. Villanueva, Esq.