

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P02000134627**

1. Corporation Name

2 F Properties, Inc

05 JUN -8 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address 10630 N.W 37 Terr. Suite, Apt. #, etc.		3. Mailing Office Address 10630 N.W 37 Terr Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33178	Country USA	Zip 33178	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 12/23/02			
5. FEI Number 35-2194819		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			

REINSTATEMENT

(R)
03-05

7. Name and Address of Current Registered Agent			
Name OSCAR D. FUNSECA			
Street Address (P.O. Box Number is Not Acceptable) 10505 NW 37 AND Terr.			
Suite, Apt. #, Etc.			
City Miami		State FL	Zip Code 33178

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 *[Signature]*

Date **5/26/05**

CR2E081 (01/05)

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

Titles P	Name of Officers and/or Directors OSCAR D. FUNSECA	Street Address of Each Officer and/or Director 14250 S.W. 72 AV.	City / State / Zip Miami, FL 33158
S/T	Bela Eulop	P.O. Box 453206	Miami, FL 33245
			0000055903930 06/08/05-01047-005 **1050.00

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 437-9855

Daytime Phone #