

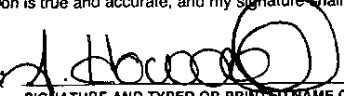


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 07 DEC 17 AM 11:12 FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA 600113370236 12/24/07--01039--009 **300.00 REINSTATEMENT 06-07 CR2E081 (1/07)
DOCUMENT # P03000144603			
1. Corporation Name THE PALACE INVESTMENTS 305 INCORPORATED			
2. Principal Office Address - No P.O. Box # 2828 CORAL WAY		3. Mailing Office Address 2828 CORAL WAY	
Suite, Apt. #, etc. SUITE 450		Suite, Apt. #, etc. SUITE 450	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33155	Country USA	Zip 33155	Country USA
7. Name and Address of Current Registered Agent		4. Date Incorporated or Qualified To Do Business in Florida 12/03/2003	
Name MIGUEL F MIRABAL		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Street Address (P.O. Box Number is Not Acceptable) 2828 CORAL WAY		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Suite, Apt. #, Etc. SUITE 450		<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.	
City MIAMI	State FL		
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  by A. Howard as atty in fact Date 12/13/2007 <div style="text-align: center; font-size: small;">REGISTERED AGENT MUST SIGN</div>			
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	HELMUT BOEGER	2828 CORAL WAY SUITE 450	Miami, FL 33155
D	NATHALIA PUERTO	2828 CORAL WAY SUITE 450	Miami, FL 33155
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 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 		Helmut Boeger by A. Howard as atty in fact Date Daytime Phone # 5616948107	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	