PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 07 JUN 18 PM 4: 19
DOCUMENT # 904000096337		SECRETARY OF STATE TALLAHASSEE, FLORI DA	
STRUCTURES CAPES, INC.			
	WOT -27163		
Principal Office Address - No P.O. Box # 3. Mailing Office Address STREET 1751 NW 53 ^{NO} STREET		REINSTATEMENT 05-07	
Suite, Apt. #, etc. SUITE 200	Suite, Apt. #, etc. SUITE 200		orated or Qualified 6/22/04
MIAMI, FL	City & State Milami, FL	5. FET Number 84 - /	652195 Applied For Not Applicable
33142 Country V.S.A.	33142 Country U.S.A.	6. CERTIFICATE	OF STATUS DESIRED [] S3.75 Additional Concentration
7. Name and Address of Current Registered Agent			3 () () ()
Street Address (P.O. Box Number is Not Acceptable) 1751 NW 5300 STREET Suite, Apt. #, Etc. Suite 200 City MIAM1 State Zip Code TL 33142		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 607.0505 or 617.0503, F.S. Signature of Registered Agent Other 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 Eacl Officer and/or Directo		City / State / Zip
P,S,T Ginette Aceve	2do 1751 NW 53mgs	T # 200	MIAM1, FL 33142
		06/18/ 06/18/ 06/18/	0104517827 07-01061-013 ***300.00 0104517827 0701061014 **150.00
10. I certify that I am an officer or director or the rece	eiver or trustee empowered to execute this application as	provided for in cha	pter 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: SIGNA MATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 5 29 07 786.663-4711 Date Daytume Phone #			