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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # P04000149543 1. Corporation Name	4	
THE IVY 1915-10/04, CORP.		
2. Principal Office Address - No P.O. Box # 2600 Douglas Rd. 3. Mailing Office Address 2600 Douglas Rd. REINSTATEM	ENI	
Suite, Apt. #, etc. Suite 1100 Suite 1100 Suite 1100 4. Date Incorporated or Qualified To Do Business in Florida 11/01/20	004	
20-1025570	olied For Applicable	
Zip Country USA Zip Country USA CERTIFICATE OF STATUS DESIRED S8.75 Additional for a Certificate	Fee required	
Name Jorge L. Gurian Street Address (P.O. Box Number is Not Acceptable) 2600 Douglas RD. Suite 1100 City Coral Gables The reinstatement fee is imposed, excircumstances which the entity did not rethe prior notices. By checking this bounce are certifying the prior notices we received and requesting the reinstate fee be waived.	receive ox, you re not	
8. I, being appointed the egistered 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 REGISTERED AGENT MUST SIGN Date 1 2 / 1 1 / 2 0 0 7		
9. Names and Street addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director City / State / Zip		
PD Jorge Fuentes 2600 DOuglas Rd. Coral Gables, FL Suite 1100 33134		
500113266625 12/19/0701009011 ***300.	. 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 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 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 out. SIGNATURE: SIGNATURE: SIGNATURE Date Daytime Phone #		

Jorge L. Gurian, P.A.

December 11, 2007

Division of Corporations State of Florida Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: THE IVY 1915-10/04, CORP. (P04000149543)

To Whom It May Concern:

Enclosed please find the Corporate Reinstatement Report for THE IVY 1915-10/04 Corporation. The annual Uniform Business Report had not been filed previously because the principal officer/director had never received the renewal package during calendar year 2006. Upon becoming informed of the need to file a Uniform Business Report, he of course was willing to comply with same and as such we provide the enclosed in conjunction with payment for the year 2006 & 2007.

We therefore respectfully request that you accept this filing as timely and classify the corporation as active and in accordance with the rules and regulations of the State of Florida. In addition, we have taken measures to ensure that this issue does not occur in subsequent years by correcting the address for the company and the registered agent information.

Thank you very much for your anticipated understanding and cooperation in this matter.

Very truly yours,

JORGEAL GURIAN

ORGE PUENTES

Enclosure