

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 24 PM 12: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-09

DOCUMENT # P05000036034

1. Corporation Name

M 801-03/05 CORP.

2. Principal Office Address - No P.O. Box #
2665 SOUTH BAYSHORE DR.

3. Mailing Office Address
2665 SOUTH BAYSHORE DR.

| | | | |
|----------------------------------|----------------|----------------------------------|----------------|
| Suite, Apt. #, etc SUITE 906 | | Suite, Apt. #, etc SUITE 906 | |
| City & State COCONUT GROVE FL | | City & State COCONUT GROVE FL | |
| Zip 33133 | Country USA | Zip 33133 | Country USA |

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 03/09/2005

5. FEI Number 202453602 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
JORGE L. GURIAN

Street Address (P.O. Box Number is Not Acceptable)
2665 SOUTH BAYSHORE DR.

Suite, Apt. #, Etc.
SUITE 906

| | | |
|-----------------------|-------------|-------------------|
| City COCONUT GROVE | State FL | Zip Code 33133 |
|-----------------------|-------------|-------------------|

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 Date 11/23/09
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 Each Officer and/or Director | City / State / Zip |
|--------|-----------------------------------|--|-------------------------|
| PD | JOSE ALFREDO GUTIERREZ | 2665 S. BAYSHORE DR. STE 906 | COCONUT GROVE, FL 33133 |
| SD | CARLOS EDUARDO GUTIERREZ, | 2665 S. BAYSHORE DR. STE 906 | COCONUT GROVE, FL 33133 |
| SD | GLORIA L GUTIERREZ | 2665 S. BAYSHORE DRIVE STE 906 | COCONUT GROVE, FL 33133 |
| | | | |
| | | | |

500163076915
11/24/09--01015--016 **300.00

10. E-mail Address: JGURIAN@GURIANLAW.COM

(To be used for future annual report notification)

11. 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. I further certify, 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: JOSE ALFREDO GUTIERREZ 11/23/09 305-279-4101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

De 11/24