

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2008 MAR 11 AM 6:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P05000055879**  
1. Corporation Name  
**MINORCA PROPERTY INVESTMENTS CORP.**

**700118358017**  
03/14/08--01026--018 \*\*\$300.00

**700118358017**  
02/20/08--01004--001 \*\*\$750.00

CR2E081 (12/07)

<b>2. Principal Office Address - No P.O. Box #</b> 2850 Douglas Road Suite, Apt. #, etc. SUITE 400 City & State CORAL GABLES, FL Zip 33134		<b>3. Mailing Office Address</b> 2850 Douglas Road Suite, Apt. #, etc. SUITE 400 City & State CORAL GABLES, FL Zip 33134	
Country USA		Country USA	

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 4/14/2005	
<b>5. FEI Number</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>	
Name HECTOR HERNANDEZ	
Street Address (P.O. Box Number is Not Acceptable) 2850 Douglas Road	
Suite, Apt. #, Etc. SUITE 400	
City CORAL GABLES	State FL Zip Code 33134

☐ 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 *Hector Hernandez* Date 2/14/08  
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
D	HECTOR J. HERNANDEZ	2850 Douglas Road, Suite 400	CORAL GABLES, FL 33134
D	ANNA C. HERNANDEZ	2850 Douglas Road, Suite 400	CORAL GABLES, FL 33134

**REINSTATEMENT**  
2006-08

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: *Hector Hernandez* Date 2/14/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR