

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -6 PM 4:41

DOCUMENT # P05000070258

1. Corporation Name

AVENUE 2206 CORP.

2. Principal Office Address - No P.O. Box #

2600 Douglas Road

Suite, Apt. #, etc.

Suite 1100

City & State

Coral Gables, FL

Zip Country
33134 USA

3. Mailing Office Address

2600 Douglas Road

Suite, Apt. #, etc.

Suite 1100

City & State

Coral Gables, FL

Zip Country
33134 USA

600128661786
05/06/08--01029--004 **450.00

REINSTATEMENT 06-08

4. Date Incorporated or Qualified
To Do Business in Florida 05/12/2005

5. FEI Number 20-2832206 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)

2600 Douglas Road

Suite, Apt. #, Etc.

Suite 1100

City State Zip Code
Coral Gables, FL FL 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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 04/30/2008

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 | PATRICIA FAJARDO | 2600 Douglas Road Suite 1100 | Coral Gables, FL 33134 |
| SD | CORRADO MONTICONE | 2600 Douglas Road Suite 1100 | Coral Gables, FL 33134 |
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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:

[Handwritten Signature] DIRECTOR

04/30/2008

305-279-4101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/7aw