


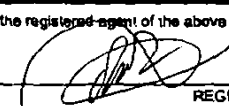

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 DEC 19 PM 3: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P05000103177			
1. Corporation Name ARSENIO COLUMBIE, MD. PA.			
2. Principal Office Address - No P.O. Box # 1330 SW 152 PLACE		3. Mailing Office Address 1330 SW 152 PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33194	Country USA	Zip 33194	Country USA
7. Name and Address of Current Registered Agent			
Name ARSENIO COLUMBIE			
Street Address (P.O. Box Number is Not Acceptable) 1330 SW 152 PLACE			
Suite, Apt. #, Etc.			
City MIAMI		State FL	Zip Code 33194
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 12/14/2007	
		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
P	ARSENIO COLUMBIE	1330 SW 152 PLACE	MIAMI, FL 33194
VP	LIANE COLUMBIE	1330 SW 152 PLACE	MIAMI, FL 33194
TR	ARSENIO COLUMBIE	1330 SW 152 PLACE	MIAMI, FL 33194
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:		Date 12/14/07	Daytime Phone # (305) 551-2015
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

5. FSI Number
20-3190092

Applied For
Not Applicable

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

☒ 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.

310113266643
12/19/07--01009--013 **308.75

B. Mitchell DEC 19 2007

2 of 2

ARSENIO COLUMBIE, MD.PA.

1330 SW 152 PLACE
MIAMI, FL 33194
Tel : (786) 514-4242

December 14, 2007

Florida Department Of Revenue
Department Of State
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

This letter is to certifying that we don't received prior notices about the Annual Report renewal, the new address in the reinstatement document is correct. New Address : 1330 SW 152 PL, Miami, FL 33194. old Address 1910 SW 123 Avenue, Miami, FL 33175.

Attached, I send a Check for the amount of \$ 308.75, Please see the following information about the check amount

- | | |
|-----------------------------|-----------|
| 1) Annual Fee for Year 2006 | \$ 150.00 |
| 2) Annual Fee for Year 2007 | \$ 150.00 |
| 3) Certificate Of Status | \$ 8.75 |

Please contact me at (786) 514-4242 if you are in need of further information concerning this matter.

Respectfully,



Arsenio Columbie
President / Treasurer