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PLEASE READ ALL INSTI	RUCTIONS BEFORE CO	MPI FTING T	FILED	1
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CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
DOCUMENT # P05000 10 98 98  1. Corporation Name		200102647762 09/36/0701040003 **300.00		
Bugue Corporation	¢	A		
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 7400 Sterling Road Same		L MELEL & CO	CR2EO8+(WO7)	16-07
Suite, Apt. #, etc. Suite, Apt. #, etc.		4. Date Incorporated or To Do Business in Fl		₩∂ <del>r</del>
City & State  City & State		5. FEI Number	Applied F	
Zip Country Zip	Country	6. CERTIFICATE OF STATI	Not Applic	guired
33024 USA  7. Name and Address of Current Regist	ered Agent	OEMIN DATE OF OTAT	for a Certificate of St	atus
Name Alan K. Marcus, E.g.  Street Address (P.O. Box Number is Not Acceptable)  1320 South Dixie Highway  Suite. Apt. #, Etc.  Suite 1045		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.		
Corol Gables	State Zip Code FL 33146	100 00 1141100		
8. I, being appointed the registered agent of the above named corpor Signature of Registered Agent REGISTERED AGE		gations of section 607.05	ا مان	
9. Names and Street Addresses of Each Officer and/or Director (Flor	ida nonprofit corporations must list at leas	t 3 directors)		
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	_
D Fernando Godoy Buzolin	\$ 821, Hollyman	Road	33024	
D Jose Carlos Guerreiro	do 7400 sterling	Road Llo	lymal, FL 33020	<u>+</u>
				;
10. I certify that I am an officer or director or the receiver or trustee em this reinstatement application, the reason for dissolution has been owed by the corporation have been paid and the names of individuon this application is true and accurate and my signature shall have SIGNATURE:	eliminated, the corporate name satisfies the satisfies the satisfies on this form do not qualify for an	ne requirements of section exemption contained in path.	n 607.0401 or 617.0401, F.S., that all fee Chapter 119, F.S. The Information Indica	s
SIGNATURE AND TYPED OR PRINTED NAME OF S	IGNING OFFICER OR DIRECTOR	Date	Daytime Phone #	

LAW OFFICES

## ALAN K. MARCUS, P.A.

SUITE 1045 1320 S. DIXIE HIGHWAY CORAL GABLES, FLORIDA 33146

ALAN K. MARCUS, ESQ.

April 18, 2007

TEL: (305) 507-1203 FAX: (305) 507-1204

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

RE: Bugue Corporation

Dear Sirs:

Due to the fact that my office was trying to reinstate the above referenced corporation, we just realized that we never received the previous notices to keep the corporation open. We have updated the information and we hereby request that the reinstatement fee be waived.

Very truly yours,

Alan K. Marcus, Esq.

Registered Agent