


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

02 MAY 10 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200005556242--3
-05/17/02--01015--010
***1200.00 ***1200.00

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P92000008717			
1. Corporation Name New Florida Holdings Inc.			
2. Principal Office Address 4779 Collins Ave. Suite, Apt. #, etc. Suite 401 City & State Miami Beach, FL Zip 33140		3. Mailing Office Address 4779 Collins Ave. Suite, Apt. #, etc. Suite 401 City & State Miami Beach, FL Zip 33140	
Country USA		Country USA	

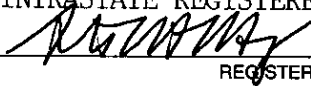
REINSTATEMENT 1999-2002
 40

4. Date Incorporated or Qualified To Do Business in Florida 12/03/1992	
5. FEI Number 65-0374936	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Intrastate Registered Agent Corporation			
Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Ave.			
Suite, Apt. #, Etc. Suite 3000			
City Miami		State FL	Zip Code 33131

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.

INTRASTATE REGISTERED AGENT CORPORATION

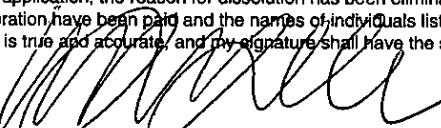
Signature of Registered Agent  Steven H. Hagen, VP Date 5/9/02

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	Athayde Mucio	4779 Collins Ave., #401	Miami Beach FL 33140

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 under section 119.07(3)(i), 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____



ACCOUNT NO. : 072100000032

REFERENCE : 570845 4144A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : May 8, 2002

ORDER TIME : 12:0 PM

ORDER NO. : 570845-010

CUSTOMER NO: 4144A

CUSTOMER: Rosa Maria Ancheta, Legal Asst
Holland & Knight Llp
Suite 3000
701 Brickell Avenue
Miami, FL 33131

RECEIVED
02 MAY 10 PM 12:59
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: NEW FLORIDA HOLDINGS INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 1156

EXAMINER'S INITIALS _____