

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION FOR REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|---|-------------------------------------|---|----------------------|
| DOCUMENT # P92000009202 | | | |
| 1. Corporation Name L.C.R. ENTERPRISES, INC. | | | |
| Principal Place of Business 7601 N.W. 50th Street Miami, Florida 33166 | | Mailing Address | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | |
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. Date Incorporated or Qualified To Do Business in Florida 12/4/92 | | 5. FEI Number 65-0373025 | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | Applied For Not Applicable | |
| | | \$8.75 Additional Fee required for a Certificate of Status | |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | |
| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
| P/D | JOSE L. CALLE | 7601 N.W. 50th Street | MIAMI, FLORIDA 33166 |
| REINSTATEMENT 93-98 SL 9-28-98 600002654806--9 -10/02/98--01094--017 ***1500.00 ***1500.00 | | | |
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| 8. Name and Address of Current Registered Agent Santiago S. Pellegrini, Esq. 811 Ponce De Leon Blvd. Coral Gables, Florida 33134 | | 9. Name and Address of New Registered Agent Name Jose L. Calle Street Address (P.O. Box Number is Not Acceptable) 7601 N.W. 50th Street Suite, Apt. #, Etc. City Miami State FL Zip Code 33166 | |
| 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <i>[Signature]</i> Date 9/14/98 REGISTERED AGENT MUST SIGN | | | |
| 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.) | | | |
| 12. 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: <i>[Signature]</i> JOSE L. CALLE 9/14/98 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | |

CR20040 (12/96)