PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION . A IVR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P93000084137
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1. Corporation Name

FILED

00 FEB -9 AM 11: 06

BOW	RAIN CORP.						SI	ECRETARY DI LLAHASSEE,	FLOR	TE HDA
Principal Pl	lace of Business	Mailing Addr	ess				181	Limbilly .		
SUI COR If above a 2. New Pri 255 Suites that City & State MIA Zip 331	MI-,FLORIDA22	3. New Maili 2550 Suite Off The City & State MT-AMJ Zip 33122	nformation and ng Office Add NW 72 Pt 210	RIDA Country	Applica ENUI	ion below.	4. Date Incorp To Do Busin 5. FEI Numbe 6.5— 6. CERTIFICATI		12/0	9 / 1993 Applied For— Not Applicable 75 Additional Fee required or a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each										
Title(s) 1	and/or Directors		3 (Do	i Off	licer an	d/or Director Office Box N		4	City / St	ate / Zip
PD	ALBARRAN, DANIEL		2550	NW	72	AVE.,	#210	MIAMI,	FL	33122
VSD	DELGADO, SADY	er.	2550	NW	72	AVE.,	#210	MIAMI,	FL	33122
TD	OVANDO, HUGO	,	2550	NW	72	AVE.,	#210	MIAMI,	FL	33122
VD	TORREALBA, RAUL		2550	NW	72	AVE.,	#210	MIAMI,	FL	33122
					4000031364249					
								-02/15/0	000	1 1
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent				
					Nam		AUL SQUADRITTO			
					O. Box Number is Not Acceptable)					
	DE~LA—CRUZ, LUIS—F.			:		2!	550-NW-72-AVENUE			
241 SEVILLA AVENUE, SUITE 805				, Apt. #, EtC S≀	SUITE 210					
CORAL GABLES, FLORIDA 33134			City	ty State Zip Code MIAMI FL 33122				Zip Code 33122		
10. I, being	appointed the registered agent of the above	e named corpo	ration an fan	niliar wit	th and a	accept the ob	ligations of Section	on 607.0505, F.S.		
Signature of Registered Agent Date Date Date Date										
, logiotorou .		GISTERED AGI	ENT MUST S	iGN				Bale	1_2	/
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes X No (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.										

SADY DELGADO

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

56-65-460261

Daytime Phone #

Date