

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 28 PM 3:35

DOCUMENT # *P 94000027099*

1. Corporation Name
PENN 8 8TH, INC.

2. Principal Office Address
16300 N.E., 19 AVE

3. Mailing Office Address
16300 N.E. 19 AVE

REINSTATEMENT

20-01

Suite, Apt. #, etc.
"D"

Suite, Apt. #, etc.
"D"

4. Date Incorporated or Qualified To Do Business in Florida
04-08-1994

City & State
NORTH MIAMI BEACH NORTH MIAMI BEACH, FL

5. FEI Number
65-0480462

Zip Country
FL 33162 N.S.A.

Zip Country
33162 U.S.A.

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

7. Name and Address of Current Registered Agent

Name *GONZALEZ, ANA. I* 800003953438--5
Street Address (P.O. Box Number is Not Acceptable) *13899 BISCAYNE BLVD #110* -04/03/01--01066--30
Suite, Apt. #, Etc. *#110* ***908.75 ***908.75
City *NORTH MIAMI BEACH* State *FL* Zip Code *33181*

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 *Eva Isabel de Gonzalez* Date *03/19/01*
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
<i>P.</i>	<i>EFRAIN, GONZALEZ</i>	<i>13899 BISCAYNE BLVD SUITE #110</i>	<i>NORTH MIAMI BEACH FL 33181</i>
<i>V.P.</i>	<i>ROLF, JOHNSON</i>	<i>13899 BISCAYNE BLVD SUITE #110</i>	<i>NORTH MIAMI BEACH FL 33181</i>
<i>S.</i>	<i>ANA, GONZALEZ</i>	<i>13899 BISCAYNE BLVD SUITE #110</i>	<i>NORTH MIAMI BEACH FL 33181</i>
			AD

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 *Eva Isabel de Gonzalez* (305)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *03/19/01* 9872800
Daytime Phone #

CR2E081 (9/00)