

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p><b>APPLICATION FOR REINSTATEMENT</b></p> <p style="text-align: center;">FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS</p>		<p style="text-align: center; font-size: small;">DO NOT WRITE IN THIS SPACE</p> <p style="font-size: 2em; text-align: center;"><b>FILED</b></p> <p style="text-align: center;">98 JUN 17 AM 10:57</p>																									
<p>Read Instructions on Other Side Before Making Entries <b>Make Check Payable To: Department of State</b></p>																											
<p>1. Name and Mailing Address of Corporation: <b>DOCUMENT #P94000030039</b></p> <p><b>S.P.-1, INC.</b> c/o ALBORNOZ, SEGREDO &amp; WEISZ 901 PONCE DE LEON BLVD., SUITE 601 CORAL GABLES, FLORIDA 33134</p>		<p>2. If Address in Block 1 is incorrect in any way, enter the correct address below:</p> <p>Address _____</p> <p>City and State _____ Zip Code _____</p> <p>3. If Principle Office Address is different from mailing address, enter address below:</p> <p>Address _____</p> <p>City and State _____ Zip Code _____</p>																									
<p>4. Date Incorporated or Qualified To Do Business in Florida <b>04/20/94</b></p>	<p>5. FEI Number _____</p>	<p><input checked="" type="checkbox"/> FEI Number Applied For <input type="checkbox"/> FEI Number Not Applicable</p>	<p>6. <b>\$8.75 Additional Fee required for a Certificate of Status</b></p> <p><b>CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></b></p>																								
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">1</th> <th style="width:30%;">2</th> <th style="width:30%;">3</th> <th style="width:30%;">4</th> </tr> <tr> <th>Title(s)</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>D</td> <td>SIMON PARRA GIL</td> <td>2333 BRICKELL AVE., PH-202, PH-204</td> <td>MIAMI, FLORIDA 33129</td> </tr> <tr> <td></td> <td></td> <td></td> <td><b>400002566534--B</b> <b>-06/19/98--01105--014</b> <b>***1200.00 ***1200.00</b></td> </tr> <tr> <td></td> <td></td> <td></td> <td><b>REINSTATEMENT 95-98</b></td> </tr> <tr> <td></td> <td></td> <td></td> <td><b>B 6/11</b></td> </tr> </tbody> </table>				1	2	3	4	Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	D	SIMON PARRA GIL	2333 BRICKELL AVE., PH-202, PH-204	MIAMI, FLORIDA 33129				<b>400002566534--B</b> <b>-06/19/98--01105--014</b> <b>***1200.00 ***1200.00</b>				<b>REINSTATEMENT 95-98</b>				<b>B 6/11</b>
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<p><b>REGISTERED AGENT INFORMATION</b></p> <p>8. Name and Address of Current Registered Agent</p> <p><b>ANTONIO A. FERNANDEZ</b> 3191 CORAL WAY, SUITE 510 MIAMI, FLORIDA 33145</p>		<p>9. If changed, new registered agent / office</p> <p>Name <b>WILLIAM H. ALBORNOZ, ESQUIRE</b></p> <p>Street Address (Do NOT Use P.O. Box Number) <b>901 PONCE DE LEON BLVD., SUITE 601</b></p> <p>Street Address (Do NOT Use P.O. Box Number) _____</p> <p>City <b>CORAL GABLES, FLORIDA</b></p> <p>State <b>FL.</b></p> <p>Zip <b>33134</b></p>																									
<p>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.</p> <p>Signature of Registered Agent <u><i>William H. Albornoz</i></u> Date <u>5/13/98</u></p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																											
<p>11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)</p>																											
<p>12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on Intangible tax.)</p>																											
<p>13. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p> <p>Signature of Officer or Director <u><i>X</i></u> Date <u>5/13/98</u> Daytime Phone # <u>(305)444-1741</u></p>																											

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