PLEASE READ	ALL INSTRUCTIONS BEFORE	COMPLETING THIS FORM	
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STAT Sandra B. Mortham Secretary of State	FLED	
	DIVISION OF CORPORATIONS	96 NOV 20 PH 12: 06	
DOCUMENT # P94000054915 1. Corporation Name TWO LIBRAS, INC.		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 420 LINCOLN RD SUITE 432 MAMI BEACH FL 33139	Mailing Address 420 LINCOLN RD SLITE 432 MAAN BEACH FL 33139		
		REINSTATEME	NT q_{A}
2. New Principal Office Address, If Applicable 2000 BISCHYNE BLUIS	3. New Mailing Office Address, If Applicable YOOD BUSINESS BLUD	Date Incorporated or Qualified	07/25/1994
Suite, Apt. #, etc. SUITE HOV City & State	Suite, Apt. #, etc. SUITE 40V City & State MIAMI, FL	5. FEI Number 65-0508743	Applied For Not Applicable
M Inton , TC Country ADE	20933/8/ Country 322	6. CERTIFICATE OF STATUS DESIRED	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip			
P FINGER, TRACEY A	3 (DO NOT Use Post Office Bo	MAM BEACH FL.	
		2000201 -11/21/96- ****383.75	1732-9 -01103009 *****383.75
		101-2	4-960
8. Name and Address of Current Registered Agent 1		9. Name and Address of New Registers	d Agent
420 LINCOLN RD SUITE 432 $/2/000 ilde{\mathcal{D}}$		SIP.O. Box Number is Not Acceptable) BISCHYNE BLUD	
MAMI BEACH FL 33139 Suite, Apt. e, Ei			ate Zip Code
fo. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607			L 33/8/
Signature of Registered Agent Date 11-8-96			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes 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 filling this roinstatement 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 tisted 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.			

HEQUIRED

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SIGNATURE:

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