

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 OCT 27 PM 3:55

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # p94000079044

1 Corporation Name
 ISACOV INVESTMENTS CORPORATION
 w99-24638

Principal Place of Business Mailing Address
 200 S.W. 25 Road Miami, FL 33129
 SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 95-99

2 New Principal Office Address, If Applicable
 200 SW 25 Road
 Suite, Apt. #, etc

3. New Mailing Office Address, If Applicable
 200 SW 25 Road
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida
 10-27-94 SP

City & State
 Miami, FL
 Zip 33129 Country US

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 Miami, FL
 Zip 33129 Country US

5. FEI Number
 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$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
D	Caligaris, Jorge R.	150 S.E. 25 Road, #11A	Miami, FL 33129
D	Caligaris de Calo, Maria Irene	" "	" "

100003031471--9
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8. Name and Address of Current Registered Agent
 Joaquin A. Alemany
 901 Ponce de Leon Blvd.
 Suite 500
 Coral Gables, FL 33134

9. Name and Address of New Registered Agent
 Name Maria C. Magni
 Street Address (P.O. Box Number is Not Acceptable) 200 SW 25 Road
 Suite, Apt. #, Etc.
 City Miami State FL Zip Code 33129

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 Maria C. Magni Date October 22, 1999
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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 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: [Signature] Date October 22, 1999
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #