

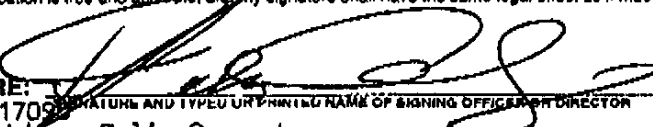


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		AND H9700001709ED 1997 OCT 14 PM 4:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> P94000093444 1. Corporation Name ARCH NOUVEAU, INC.					
Principal Place of Business      Mailing Address 16960 SW 151 Avenue Miami, FL 33187 If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, if Applicable 7293 SW 24th St. Suite, Apt. #, etc.		3. New Mailing Office Address, if Applicable Same Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 12/28/1994	
City & State Miami, FL 33155		City & State		5. FEI Number 65-0560654	
Zip Country		Zip Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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	2	3	4		
1	Name of Officers and/or Directors	2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	3	
				City / State / Zip	
P	Felix Gurruchaga		7293 SW 24th St. Miami, FL 33155		
YP	Hector Garcia		14349 SW 248 St. Miami, FL 33183		
Sec	Emily Zubizarreta		4665 N. Bay Rd. Miami Beach 33140		
<b>REINSTATEMENT '97</b> SCC 10-14-97					
8. Name and Address of Current Registered Agent Felix Gurruchaga 13370 SW 131 St. Suite 110 Miami, FL 33186			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7293 SW 24th St. Suite, Apt. #, Etc. City Miami State FL Zip Code 33155		
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:  Date: 10/14/97 REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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)(l), 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:  H9700001709 SIGNATURE AND TYPED UNPRINTED NAME OF SIGNING OFFICER OR DIRECTOR Prepared by: Felix Gurruchaga 7293 SW 24th St. Miami, FL 33155			10/14/97 Date Day/Time Phone #		

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10/14/97

FLORIDA DIVISION OF CORPORATIONS  
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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4000

FROM: FAS-T CORP. AGENTS, INC.  
CONTACT: LIDIA FERNANDEZ  
PHONE: (305)599-0839

ACCT#: 071001002335

FAX #: (305)716-0346

NAME: ARCH NOUVEAU, INC.

AUDIT NUMBER.....H97000017090

DDC TYPE.....CORPORATION REINSTATEMENT

CERT. OF STATUS..1

PAGES..... 1

CERT. COPIES.....0

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

\*\* ENTER 'M' FOR MENU. \*\*

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