

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV 15 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-04

500042753145
11/15/04--01061--036 **1200.00

DOCUMENT # P95000013378

1. Corporation Name
577, INC.

848 BRICKELL AVENUE
848 BRICKELL AVENUE

2. Principal Office Address
848 BRICKELL AVENUE

3. Mailing Office Address
848 BRICKELL AVENUE

Suite, Apt. #, etc.
SUITE 950

Suite, Apt. #, etc.
SUITE 950

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33131

Country

Zip
33131

Country

4. Date Incorporated or Qualified
To Do Business in Florida 2/15/1995

5. FEI Number
65-0576710

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
ALBERTO BENITEZ

Street Address (P.O. Box Number is Not Acceptable)
848 BRICKELL AVENUE

Suite, Apt. #, Etc.
SUITE 950

City
MIAMI

State
FL Zip Code
33131

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

Date 10/27/04

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
DPS	FIDALGO, EDUARDO	848 BRICKELL AVE., STE 950	MIAMI, FL 33131

PR 11/23

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:

EDUARDO
FIDALGO

10/27/04

305 579 0258

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E/61 (01/00)