

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP -3 AM 8:00

DOCUMENT # P 95000023531

1. Corporation Name

LOS ARCOS DE BRICKELL CORP.

*W04000031891*

**REINSTATEMENT** *02-04*  
*MRD*

2. Principal Office Address

3611 N.W. SOUTH RIVER DR

3. Mailing Office Address

P.O. BOX 14 3131

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

CORAL GABLES, FL.

Zip

33142

Country

U.S.A.

Zip

33114

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 3-25-95

5. FEI Number 65-0585336

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

CARLOS A. SAENZ

400040935514

09/09/04--01058--001 \*\*1050.00

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

999 BRICKELL BAY DRIVE

Suite, Apt. #, Etc.

T-1-807

**REINSTATEMENT** *02-04*

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

*Handwritten signature of Carlos A. Saenz*

CARLOS A. SAENZ

Date AUGUST 12, 2004

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
P	CARLOS A. SAENZ	999 BICKELL BAY DR.	MIAMI, FL 33131
V	PATRICIA JARAMILLO	3611 N.W. SO. RIVER DR.	MIAMI, FL 33142
V	ADRIANA JARAMILLO	600 BILTMORE WAY	CORAL GABLES FL 33114
S	C. MICHAEL SAENZ	3611 N.W. SO. RIVER DR.	MIAMI, FL 33142

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:

*Handwritten signature of Carlos A. Saenz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUGUST 12, 2004

Date

305 633 8709

Daytime Phone #

CR2E081 (9/00)