
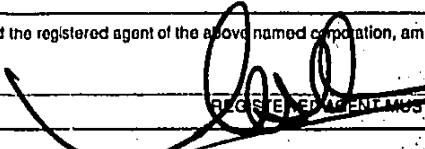



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<p>APPLICATION FOR REINSTATEMENT</p>		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<p>APPROVED AND FILED</p> <p>96 OCT 30 PM 2:05</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																									
<p>DOCUMENT # <u>P95000025894</u></p> <p>1 Corporation Name SEVEN CITIES INC.</p>																													
<p>Principal Place of Business</p> <p>4364 Bowita Rd. #603 Bowita CA 91902-1421</p>		<p>Mailing Address</p> <p>Same</p>		<p>900001998729--7 -11/07/96--01026--007 *****200.00 *****200.00</p>																									
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>																													
<p>2. New Principal Office Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>		<p>3. New Mailing Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>		<p>4. Date Incorporated or Qualified To Do Business in Florida 03/29/1995</p> <p>5. FEI Number 58-2165474</p> <p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>SR To Apply for Status of Registered Agent</small></p>																									
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">1 Title(s)</th> <th style="width:30%;">2 Name of Officers and/or Directors</th> <th style="width:30%;">3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width:30%;">4 City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PRES.</td> <td>JUAN L. MARTIN</td> <td>4364 Bowita Rd. #603</td> <td>Bowita CA 91902-1421</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						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	PRES.	JUAN L. MARTIN	4364 Bowita Rd. #603	Bowita CA 91902-1421																
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<p>8. Name and Address of Current Registered Agent</p> <p>JUAN L. MARTIN 4364 Bowita Rd #603 Bowita CA 91902-1421</p>		<p>9. Name and Address of New Registered Agent</p> <p>Name ESTHER MONZON</p> <p>Street Address (P.O. Box Number is Not Acceptable) 2451 BRICELL AVE.</p> <p>Suite, Apt. #, Etc. 11-M</p> <p>City MIAMI State FL Zip Code 33129</p>																											
<p>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.</p> <p>Signature of Registered Agent  Date 10-28-96</p> <p style="text-align: center;"><small>REGISTERED AGENT MUST SIGN</small></p>																													
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>																													
<p>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p>																													
<p>SIGNATURE:  JUAN L. MARTIN 10/28/96 (619) 656-4648</p> <p style="text-align: center;"><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR</small></p>																													