

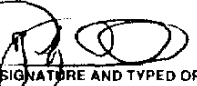


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 97 JAN 16 PM 1:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> P95000027254					
<b>1. Corporation Name</b> ALVAREZ, ARNAS E, BORRON, P.A					
<b>Principal Place of Business</b> 255 UNIVERSITY DRIVE CORAL GABLES, FL 33134			<b>Mailing Address</b>		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
<b>2. New Principal Office Address, If Applicable</b>		<b>3. New Mailing Address, If Applicable</b>		<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>5. FEI Number</b> 65-0374177	
City & State		City & State		Applied For <input type="checkbox"/>	
Zip		Zip		Not Applicable <input type="checkbox"/>	
Country		Country		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
<b>Title(s)</b> 1	<b>Name of Officers and/or Directors</b> 2	<b>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</b> 3	<b>City / State / Zip</b> 4		
PD	ARTURO ALVAREZ	255 UNIVERSITY DR CORAL GABLES FL 33134	CORAL GABLES FL 33134		
VTD	JA DE ARNAS	255 UNIVERSITY DR	CORAL GABLES FL 33134		
VTD	JORGE C BORRON	255 UNIVERSITY DR	CORAL GABLES FL 33134		
<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">REINSTATEMENT</div> <div style="font-size: 1.5em; font-weight: bold; margin-top: 10px;">96-110697</div> <div style="font-size: 1.2em; font-weight: bold; margin-top: 10px;">900002064559</div> <div style="font-size: 1.1em; font-weight: bold; margin-top: 10px;">-01/22/97-01101-020</div> <div style="font-size: 1.1em; font-weight: bold; margin-top: 10px;">****375.00 ****375.00</div>					
<b>8. Name and Address of Current Registered Agent</b>			<b>9. Name and Address of New Registered Agent</b>		
JORGE C BORRON 2161 S LE JEUNE RD # 202 CORAL GABLES FL 33134			Name: JORGE C. BORRON Street Address (P.O. Box Number is Not Acceptable): 255 UNIVERSITY DR Suite, Apt. #, Etc.: City: CORAL GABLES State: FL Zip Code: 33134		
<b>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.</b>					
Signature of Registered Agent:  REGISTERED AGENT MUST SIGN			Date: 12-27-96		
<b>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
<b>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.</b>					
<b>SIGNATURE:</b>  S. MORTHAM MS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 12/27/96 Daytime Phone #					

CR2E040 (12/95)