
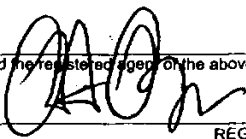



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 DEC 16 PM 1:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P95000027622					
1. Corporation Name CETMA PROPERTIES, INC.					
Principal Place of Business 100 SE 2ND STREET STE 3400 MIAMI FL 33131			Mailing Address PO BOX 562456 MIAMI FL 33132-2456		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, if Applicable 7911 Los Pinos Circle Suite, Apt. #, etc.		3. New Mailing Office Address, if Applicable 7911 Los Pinos Circle Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 03/28/1995	
City & State Coral Gables, FL Zip 33134 33143 USA		City & State Coral Gables, FL Zip 33134 33143 USA		5. FEI Number 65-0578060 Applied For <input type="checkbox"/> Not Applicable	
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. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip		
D	BETANCOURT, HECTOR J	100 SE 2ND STREET STE 3400	MIAMI FL 33131		
D	BETANCOURT, MONICA S	100 SE 2ND STREET STE 3400	MIAMI FL 33131		
D	MARTIN, ERNESTO R	100 SE 2ND STREET STE 3400	MIAMI FL 33131		
			800003078448--4 -12/22/99--01076--015 *****758.75 *****758.75		
8. Name and Address of Current Registered Agent BONNER, LAWRENCE R 100 SE 2ND STREET STE 3400 MIAMI FL 33131					
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code					
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  ERNESTO R. MARTIN Date 12/10/99 REGISTERED AGENT MUST SIGN					
11. 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:  Ernesto R. Martin SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dec 7 1999 Daytime Phone # 305 562 0565					

CP25040 (8-99)

KE