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PLEASE READ ALL INSTRUCTIONS BEFORE C...

SECRETARY OF STATE
DIVISION OF CORPORATION

06 SEP 28 PM 2:19

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PA5000027886**

1. Corporation Name
C.A.D.E. OF BAL HARBOUR, CORP.

2. Principal Office Address 10101 COLLINS AVE.		3. Mailing Office Address 10101 COLLINS AVE.	
Suite, Apt. #, etc. SUITE 15A		Suite, Apt. #, etc. SUITE 15A	
City & State BAL HARBOUR, FL		City & State BAL HARBOUR, FL	
Zip 33154	Country USA	Zip 33154	Country USA

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number **65-0741374** 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
LOUIS A. SUPRASKI, P.A.

Street Address (P.O. Box Number is Not Acceptable)
2450 NE MIAMI GARDENS DRIVE, 400080234554

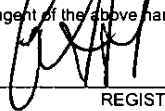
Suite, Apt. #, Etc.
SECOND FLOOR

City
NORTH MIAMI BEACH

State
FL

Zip Code
33180

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 **9/24/06**

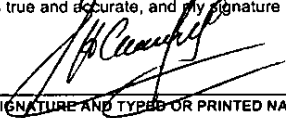
REGISTERED AGENT MUST SIGN

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
D/P	CAMPOS, ESTER	10101 COLLINS AVE., #15A MIAMI BEACH, FL 33154	
D/VPS	D'ESPOSITO, LUIS	10101 COLLINS AVE., #15A MIAMI BEACH, FL 33154	

REINSTATEMENT 0506

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 contained in Chapter 119, 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:  Date **9/22/06** Daytime Phone # _____

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Law Offices of
LOUIS A. SUPRASKI, P.A.

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Louis A. Supraski, Esq.
Board Certified in Real Estate Law
supraski@bellsouth.net

Real Estate
Estate Planning
Asset Protection
Probate Administration
Corporate/Business Law

Roxana I. Nasco, Esq.
LL.M. in Taxation
rnasco@bellsouth.net

September 26, 2006

VIA FEDEX

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Reinstatement of C.A.D.E. OF BAL HARBOUR, CORP.

Ladies and Gentlemen:

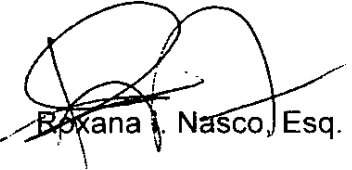
Enclosed please find a Corporation Reinstatement for the referenced corporation as well as a check in the amount of \$300, made payable to Department of State.

As our clients do not reside in this country, they were unaware of the requirement to reinstate the corporation. Therefore, they kindly request a waiver of the penalties to reinstatement the referenced corporation.

As always, if you have any questions, please do not hesitate to call us.

Sincerely,

LAW OFFICES OF LOUIS A. SUPRASKI, P.A.


Roxana I. Nasco, Esq.

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Enclosures