

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



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

DOCUMENT # 995000681914

1. Corporation Name
WILLY 3000 CORP.

2. Principal Office Address 3000 Island Blvd.		3. Mailing Office Address 3000 Island Blvd.	
Suite, Apt. #, etc. #2902		Suite, Apt. #, etc. #2902	
City & State North Miami Beach, FL		City & State North Miami Beach, FL	
Zip 33160	Country USA	Zip 33160	Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/25/95

5. FEI Number: 65-0625548

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee applies for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name: Peter M. Lopez, Esquire

Street Address (P.O. Box Number is Not Acceptable): c/o Rollnick & Linden, P.A.

Suite, Apt. #, Etc.: 133 Sevilla

City: Coral Gables

State: FL Zip Code: 33134

REINSTATEMENT 98-00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of Registered Agent: *[Signature]* Date: 10/10/00

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Jose Toledo	3000 Island Blvd., #2902	North Miami Beach, FL 33160
AS	Peter M. Lopez	133 Sevilla	Coral Gables, FL 33134

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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 807.0401 or 817.0401, 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: *[Signature]* ASST. Sec. Date: 10/10/00 (305) 444-7800 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: PETER M. LOPEZ

CREATED BY: [illegible]