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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000094513

1. Corporation Name
COURCON INVESTMENTS, INC.

REINSTATEMENT 01-02

2. Principal Office Address	3. Mailing Office Address
326 71 STREET	326 71 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI BEACH, FL	City & State: MIAMI BEACH, FL
Zip: 33141 Country: USA	Zip: 33141 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/11/95

5. FEI Number: 65-0558194 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED: X

7. Name and Address of Current Registered Agent

Name: ARNOLD SLOTKIN

Street Address (P.O. Box Number is Not Acceptable): 326 71 STREET

Suite, Apt. #, Etc.:

City: MIAMI BEACH State: FL Zip Code: 33141

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: Arnold Slotkin
REGISTERED AGENT MUST SIGN

Date: 10/31/02

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
P/D	CARLOS CALDERON	326 71 STREET	MIAMI BEACH, FL 33141

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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 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)(i), 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: Carlos Mauricio Calderon
SIGNATURE AND TYPED OR PRINTED NAME OF ACTING OFFICER OR DIRECTOR

10/31/02
Date

011 069 080 223
Daytime Phone #

gf 11/1/02