

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 AUG 21 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P96000003078*

1. Corporation Name
AVENTURA INVESTMENT CORP.

Principal Place of Business Mailing Address
1801 COLLINS AVE SUITE 912 P.O. B 601102
MIAMI BEACH, FL 33139 NORTH MIAMI BEACH
FL 33160

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida <i>01-10-96</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number <i>65-0642053</i>
City & State	City & State	Applied For Not Applicable
Zip Country	Zip Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT *07-98*

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
<i>PUP</i>	<i>MARTHA C. PALACIOS</i>	<i>1801 COLLINS AVE #912</i>	<i>MIAMI BEACH FL 33139</i>
<i>7</i>			

~~600002624686-0~~
-08/25/98--01055--002
****900.00 ****900.00

8-24-98

8. Name and Address of Current Registered Agent <i>MARTHA C. PALACIOS</i> <i>1801 COLLINS AVE #912</i> <i>MIAMI BEACH, FL 33139</i>	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 _____
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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 *Martha C. Palacios* Date *08-18-98*
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

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.

SIGNATURE: *Martha C Palacios* Date *08-18-98* (305) 934-9909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #