

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL 31 AM 9:50

**CORPORATION
REINSTATEMENT**



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



DOCUMENT # P96000003078

1. Corporation Name

AVENTURA Investment Corp.

300007071553--4

-08/13/02--01028--008

****900.00 ****900.00

REINSTATEMENT 01-02

2. Principal Office Address 1980 S. Ocean Dr. Suite, Apt. #, etc. 20-Q City & State Hallandale Zip 33009		3. Mailing Office Address P.O. BOX Suite, Apt. #, etc. 601102 City & State N.M.B. Zip 33160-1102		Country USA	
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4. Date incorporated or Qualified To Do Business in Florida		Applied For
5. FEI Number 65-0642054		Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		SEE instructions on back of form

7. Name and Address of Current Registered Agent

Name: ANIBAL HERNANDEZ

Street Address (P.O. Box Number is Not Acceptable): 505 NW 47 street 33142

Suite, Apt. #, Etc.

City: MIAMI FL

State: FL Zip Code: 33142

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: *Anibal Hernandez* REGISTERED AGENT MUST SIGN

Date: 07-24-02

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	ALICIA TABARDA	1980 S. OCEAN DRIVE SUITE 20-Q	HALLANDALE, FL 33009

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)(f), 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: *Alicia Tabarda* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 07/24/02

Daytime Phone #: (954) 456-2251

CORP-001 (REV)