## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS	FILED
1222 Ser 16	ESTATE Corporation	O I FEB -8 PH 2: 40  SECRETARY OF STATE TALLAHASSEE, FLORIDA
MIAMIFL ?  2. Principal Office Address  73555W 10457  Suite, Apt. #, etc.	3. Mailing Office Address  7355 SW 1043T  Suite, Apt. #, etc.	REINSTATEMENT 98-01
City & State MiAMi FL Zip Gountry 33156 USA	City & State  Miami FLORIDA  Zip Country  33156 USA	To Do Business in Florida  2/7/9/0  5. FEI Number 45 06 44 3 72 Applied For Not Applicable  6. CERTIFICATE OF STATUS DESIRED   \$8.75 Additional Fee require for a Certificate of Status
Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State  Signature of Registered Agent  Date  2 10 1  Date  Date  Date  The Name and Address of Current Registered Agent  SUITE AGE TO THE STATE TO TH		
9. Names and Street Addresses of Each Officer and Titles Name of Officers and/or Directors	GISTERED AGENT MUST SIGN  I/or Director (Florida nonprofit corporations must list at le  Street Address of Eacl Officer and/or Directo	h City / State / Zin
Pres Jose Queipo VP Jose Queipo	7355 SW 1045T M	11AF1 33156
this reinstatement application, the reason for diss	colution has been eliminated, the cornorate name sausile	provided for in chapter 607 or 617, F.S. I further certify that when filing s the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information indicated er oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR