PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATIO Sandra B. Mortham 1020 Secretary of State REINSTATE DIVISION OF CORPORATIONS **DOCUMENT # P96000072568** 97 NOV 26 AM II: 13 1. Corporation Name SECRETARY OF STATE HISPANOLA. INC. TALL AHASSEE FLORIDA Principal Place of Business Mailing Address 2575 SW 67th Avenue Miami, Florida 33155 REINSTATEMENT 97 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 2575 SW 67th Avenue 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State Miami, City & State 65-0738654 Not Applicable Florida 33155 \$8.75 Additional Fee required for a Certificate of Status Country CERTIFICATE OF STATUS DE 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors Name of Officers Street Address of Each Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) and/or Directors City / State / Zip P/D Jacqueline Torres 10645 Hammocks Blvd # 711 Miami, Florida 33196 600002358216---11/26/97--01092--001 \*\*\*\*\*\*\*8.75 \*\*\*\*\*\*8.75 \*\*\*\*750.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Wilfredo Torres 9840 SW 155th Avenue Street Address (P.O. Box Number is Not Acceptable) Miami, Florida 33196 Suite, Apt. #, Etc. State Zip Code 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 11-17-97 Date . REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. on intangible tax.) Yes [ 12. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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 path, PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #