

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 28 PM 3:47

DOCUMENT # **P960000 81336**

1. Corporation Name

Cayo Colony, Inc.

2. Principal Office Address

501 Brickell Key Drive

Suite, Apt. #, etc.

Suite 602

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

501 Brickell Key Drive

Suite, Apt. #, etc.

Suite 602

City & State

Miami, FL

Zip

33131

Country

USA

REINSTATEMENT 99-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

September 30, 1996

5. FEI Number

65-0706420

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

National Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)

501 Brickell Key Drive

Suite, Apt. #, Etc.

Suite 602

City

Miami

800004467688-2

-07/10/01--01069--017

*****1058.75 ***1058.75**

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date

6/21/01

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
Director	Jose Maria Fernandez-Pirla	501 Brickell Key Drive Suite 602	Miami, FL 33131

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jose Maria Fernandez-Pirla **6/21/01** **305-365-0002**

CR2E081 (9/00)