PLEASE READ	ALL INSTRUCTIONS	REFORE CO	OMPLETING THISE	OBM
APPLICATION OF FOR ON	FLORIDA DEPARTMEN Sandra B. Mor Secretary of S	NT OF STATE	fi	AND TO LED
REINSTATEMENT	DIVISION OF CORPOR		98 APR - 1	PM 4: 24
DOCUMENT # P96000089927				
1. Corporation Name REY MORENO OF FLORIDA, II	NC.		SECRETARY TALLAHASSE	COF STATE E, FLORIDA
Principal Place of Business Mailing Address MOSCAR LEVIN/GREENBERG, TRAURIG 1221-BRICKELL AVE. 23RD FLOOR MIAMI FL 32131 MIAMI FL 32131		RiG		
If above addresses are incorrect in any way, line the 2. New Principal Office Address, If Applicable			1.5	
The Marcus Centre	The Marcus Centre Suite, Apt. #, etc.		Date Incorporated or Qualified To Do Business in Florida	10/30/1996
Suite Apt. #.etc. 9990 SW 77th Ave, 209	9990 SW 77th Ave, 209		5. FEI Number	X Applied For
City & State Miami, FL Zip 2217 Country	Miami, FL	;	6.	Not Applicable \$8.75 Additional Fee required
33156 USA	Zip 33156 Country U	<u> </u>	CERTIFICATE OF STATUS DESIRE	for a Certificate of Stalus
7. Names and Street Addresses of Each Officer and Name of Officers and/or Directors	Stre	tions must list at least eet Address of Each icer and/or Director	t 3 directors)	City / Chata / Tip
Title(s) 2 and/or Directors Officer an 3 (Do NOT Use Post MORENO, REY and/or Directors 3 (Do NOT Use Post *1221 BRICKELL AVE		se Post Office Box Nu	umbers) 4 us Centre MIAMI-FL-93131 -	City / State / Zip
inorgito; net		Avenue, 209	Miami, FL 33	
			000002	4751505
8. Name and Address of Current	Registered Agent	Name	9. Name and Address of New Re	gistered Agent
LEVIN, OSCAR GREENBERG, TRAURIG 1221 BRICKELL AVE MIAMI FL 33131	Corporation Service Co. Street Address (P.O. Box Number Is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc.			
Challah			ssee	State Zip3O2de01
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 Agent Date REGISTERED AGENT MUST SIGN				
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No				
12. I certify that I am an officer or director or the receithis reinstatement application, the reason for dissolved by the corporation have been paid and the on this application is true and accurate, and my si	plution has been eliminated, the corpo- names of Individuals listed on this for	rate name satisfies th n do not qualify for ar	ne requirements of section 607.0401 n exemption under section 119.07(3	or 617.0401, F.S., that all fees
SIGNATURE: SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER OR E	DIRECTOR	03/16/98	17-1-6213900 Daytime Phone *



ACCOUNT NO. : 072100000032

REFERENCE: 764269

4303929

AUTHORIZATION

COST LIMIT

ORDER DATE: April 1, 1998

ORDER TIME : 10:27 AM

ORDER NO. : 764269-005

CUSTOMER NO: 4303929

CUSTOMER: Ms. Patricia Montes De Oca

Greenberg Traurig 1221 Brickell Avenue

Miami, FL 33131

DOMESTIC FILINGS

NAME: REY MORENO OF FLORIDA, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

PLAIN STAMPED COPY

__ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christopher Smith

EXAMINER'S INITIALS