

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # P96000094931

1. Corporation Name

Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_

2600 Douglas Road  
Suite 911  
Coral Gables, Florida 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

If above addresses are incorrect in any way, fill in through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida			
11/20/1996			
5. FEI Number		Applied For	
65-0762425		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 <sup>3</sup> Additional Fee required for a Certificate of Status.			

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Daniel De La Iglesia	5904 San Vicente Street	Coral Gables, Florida 33146
			900002659759--2 -10/08/98-01098-006 ***900.00 ***900.00

**8. Name and Address of Current Registered Agent**

**9. Name and Address of New Registered Agent**

ROY R. LUSTIG, P.A.  
2600 Douglas Road  
Suite 911  
Coral Gables, Florida 33134

Name DANIEL A. DE LA IGLESIA

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

Street Address (P.O. Box Number Is Not Accepted)

3904 3a

City Coral Gables State FL Zip Code 33146

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

Date 10/06/98

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statute

(See other side for information  
on Intangible tax.)

12. 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  
**DANIEL DE LA IGLESIA**

9/30/98

Date

### Daytime Phone #