

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p><b>APPLICATION FOR REINSTATEMENT</b></p> <p style="text-align: center;">FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS</p>		<p style="text-align: center; font-size: small;">DO NOT WRITE IN THIS SPACE</p> <p style="text-align: center; font-size: large; font-weight: bold;">FILED</p> <p style="text-align: center;">98 NOV 18 AM 9:27</p>	
<p style="font-size: small;">Read Instructions on Other Side Before Making Entries</p> <p style="font-weight: bold;">Make Check Payable To: Department of State</p>			
<p>1. Name and Mailing Address of Corporation: <b>DOCUMENT # P97000007723</b></p> <p><b>IRCON PROPERTIES, INC.</b> 101 NW 85 PLACE MIAMI FL 33126</p>		<p>2. If Address in Block 1 is incorrect in any way, enter the correct address below:</p> <p>Address: <b>2330 NW 102 AVE DAY 5</b> City and State: <b>MIAMI FL</b> Zip Code: <b>33172</b></p> <p>3. If Principle Office Address is different from mailing address, enter address below:</p> <p>Address: <b>same as above</b> City and State: <b>MIAMI FL</b> Zip Code: <b>33172</b></p>	
<p>REINSTATEMENT 98</p>			
<p>4. Date Incorporated or Qualified To Do Business in Florida <b>1/24/97</b></p>		<p>5. FEI Number <b>65-0767679</b></p>	
		<p>6. <b>\$8.75 Additional Fee required for a Certificate of Status</b></p> <p>FEI Number Applied For: <input type="checkbox"/> FEI Number Not Applicable: <input type="checkbox"/> <b>CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></b></p>	
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p>			
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	GONCALVES, PAULO M	101 NW 85 PL	MIAMI FL 33126
D	GONCALVES, LUIZ OTAVIO P	101 NW 85 PL	MIAMI FL 33126
D	GONCALVES, JOSE CLAUDIO P	101 NW 85 PL	MIAMI FL 33126
<p>7000002685057--9 --11/24/98--01031--007 ***750.00 ***750.00</p>			
<p>REGISTERED AGENT INFORMATION</p>		<p>9. If changed, new registered agent / office</p> <p>Name: _____</p> <p>Street Address (Do NOT Use P.O. Box Number): <b>2330 NW 102 AVE DAY 5</b></p> <p>Street Address (Do NOT Use P.O. Box Number): _____</p> <p>City: <b>MIAMI</b> State: <b>FL.</b> Zip: <b>33172</b></p>	
<p>8. Name and Address of Current Registered Agent</p> <p><b>GONCALVES, PAULO MARCIO P</b> <b>101 NW 85 PLACE</b> <b>MIAMI FL 33126</b></p>			
<p>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.</p> <p>Signature of Registered Agent: <i>[Signature]</i> Date: <b>11-16-98</b></p> <p style="text-align: center; font-size: small;">REGISTERED AGENT MUST SIGN</p>			
<p>11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)</p>			
<p>12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)</p>			
<p>13. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p> <p>Signature of Officer or Director: <i>[Signature]</i> Date: <b>11/3/98</b> Daytime Phone #: <b>305-593-6114</b></p> <p>Typed or printed name of signing officer or director: <b>PAULO MARCIO P. GONCALVES</b></p>			

CR2E040 (8/92)