

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

01 MAR 26 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000026145**

1. Corporation Name
TAMIAMI INVESTMENTS OF KENDALL, INC.

2. Principal Office Address
14200 S.W. 136 ST.

3. Mailing Office Address
14200 S.W. 136 ST.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
MIAMI, FL

Zip Country
33186 U.S.A.

Zip Country
33186 U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida
3/21/97

5. FEI Number Applied For
65-0749471 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 **Sergio Lopez De Mesa** 500003932095-2
Street Address (P. Box Number is Not Acceptable) **14200 S.W. 136 ST.** -03/30/01--01092--009
Suite, Apt. #, Etc. ***1208.75 ***1208.75
City **Miami.** State **FL** Zip Code **33186**

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 **Sergio Lopez De Mesa** Date **3/15/01**
REGISTERED AGENT MUST SIGN

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
D	Sergio Lopez De Mesa	14200 S.W. 136 ST.	Miami, FL. 33186

REINSTATEMENT 98-01

M. L. W.

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: **Sergio Lopez De Mesa** **SERGIO LOPEZ DE MESA, PRES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **3/15/01** Daytime Phone # **786-402-8674**

CR2E081 (9/00)