

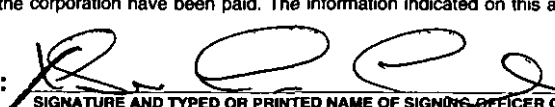


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 00 JAN -3 PM 3:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P97000027246					
1. Corporation Name Murano Corporation 1111 Crandon Blvd Unit F705 Key Biscayne, FL 33149					
Principal Place of Business 1111 Crandon Blvd. Unit F705 Key Biscayne, FL 33149		Mailing Address 1111 Crandon Blvd. Unit F705 Key Biscayne, FL 33149			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc.		3. New Mailing Address, If Applicable 1303 Spyglass Lane Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida March 26, 1997	
City & State Zip Country		City & State Vero Beach FL Zip Country 32963 US		5. FEI Number 65-0840175 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 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)					
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	Angel, Lou Ann	40 Welsh 1303 Spyglass Lane	Vero Beach, FL 32963		
D	Angel, Carlos	40 Welsh 1303 Spyglass Ln	Vero Beach, FL 32963		
D	Angel, Laura	40 Welsh 1303 Spyglass Ln	Vero Beach, FL 32963		
			700003096647--0		
			-01/12/00--01093--003		
			****900.00 ****900.00		
8. Name and Address of Current Registered Agent Lissette P. Salazar Esq 50 West Mashta Drive Ste #2 Key Biscayne, FL 33149					
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL					
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 6-7-99 REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.) KE					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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.					
SIGNATURE:  6-7-99 (305)262-9311 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					