PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPAREMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #P9700032922

BERENTHAL & RODRIGUEZ, P.A.

THISAFPAMVED AND FILED

99 DEC 28 AM 11: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Daytime Phone #

Principal Place of Business Mailing Add		Mailing Addr	ress		-			
	anco Santander Cente	r						
	Brickell Avenue							
	, Florida 33131-3500				DEHAIC	etatei	arenta	001
	dresses are incorrect in any way, line thr		DEMAG			<u> </u>		
2. New Principal Office Address, If Applicable 3. New Ma Same as above Same		3. New Maili Same 4	ailing Office Address, If Applicable as above		Date Incorp To Do Busi	porated or Qualified iness in Florida		
Suite, Apt. #, etc. Suite, Ap					4/11/97 5. FEI Number Applied For			
City & State		City & State	City & State		65-074	7502		Not Applicable
Zip	Country	Zip	Count	try	6. CERTIFICATE	E OF STATUS DESIR		
7. Names and	d Street Addresses of Each Officer and/	/or Director, (Elc.	erida nonprofit corno	erations must list at le	ect 3 directors)			
	Name of Officers	Of Differior (1.5	St	Street Address of Each				
Title(s)	and/or Directors		Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip		
Pres. Frank R. Rodriguez:			600 Banço Santander Center 1401 Brickell Avenue				Florida	33131-3506
11601	Tank K. Roullbuck		600 Banco Santander Center			 		
VPres. James:L. Berenthal			1401 Brickell Avenue			Miami,	Florida	33131-350
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		•				李李孙	(30,00 -	Property Commence
	8. Name and Address of Current I		Name and Address of New Registered Agent					
Frank	R. Rodriguez	Name SAN	Name SAME					
	nco Santander Center	Street Address (P.O. Box Number is Not Acceptable)						
	Brickell Avenue							
Miami,	, Florida 33131-3506	Suite, Apt. #, Etc.						
				City			State Zip	Code
10. I, being ap-	opointed the registered agent of the abo	ve named corpo	oration, am familiar w	vith and accept the of	oligations of Section	on 607.0505, F.S.		
Signature of	-					_ 1	12/8/99	
Registered Age		GISTERED AG	ENT MUST SIGN	$\overline{}$		Date	.2/0/33	
11 This	acrostian awas the							
	corporation owes the ngible Personal Proper	Yes	□ No □		ee other side for i on intangible			
this reinstat owed by the	at I am an officer or director or the receivatement application, the reason for dissone corporation have been paid and the nollication is true and accurate, and my signate.	olution has been a names of individu	eliminated, the corpo uals listed on this for	porate name satisfies t frm do not qualify for a	the requirements of an exemption und	of section 607.040	01 or 617.0401, F	.S., that all fees
SIGNATU	RE:			~	1	12/8/99	(305)	350-2300

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

FRANK R. RODRIGUEZ