

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 27 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000045972

1. Corporation Name
CHISOS, INC.

Principal Place of Business
**1390 BRICKELL AVE.
SUITE 200
MIAMI, FL 33131**

Mailing Address
**1390 BRICKELL AVE.
SUITE 200
MIAMI, FL 33131**

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

2. New Principal Office Address, if Applicable
N/A

3. New Mailing Office Address, if Applicable
N/A

4. Date Incorporated or Qualified To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For
 Not Applicable

City & State

City & State

Zip Country

Zip Country

6. CERTIFICATE OF STATUS DESIRED **\$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)

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	RAUL ABRAHAM MAFUD	c/o 1390 BRICKELL AVE SUITE 200	MIAMI, FL 33131
D	JOSELA XACUR	c/o 1390 BRICKELL AVE SUITE 200	MIAMI, FL 33131
			4000003119734-2 -02/01/00--01133-017 ***1050.00 ***1050.00
			REINSTATEMENT 98-00 TS

8. Name and Address of Current Registered Agent

**ROBERT J. DOWNING
1390 BRICKELL AVE.
SUITE 200
MIAMI, FL 33131**

9. Name and Address of New Registered Agent

Name **ALVARO CASTILLO B., P.A.**
Street Address (P.O. Box Number is Not Acceptable)
1390 BRICKELL AVE
Suite, Apt. #, Etc.
SUITE 200
City **MIAMI** State **FL** Zip Code **33131**

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **12/23/99**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(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: *X*

[Signature] **J. Antonio Abraham Xacur**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E040 (12/96)