## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

"APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

**DIVISION OF CORPORATIONS** 

## DOCUMENT # **P97000047905**

Corporation Name

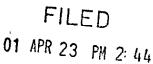
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Principal Place of Business

Mailing Address

601 BRICKELL KEY DR STE 805 MIAMI FL 33131 601 BRICKELL KEY DR STE 805

**MIAMI FL 33131** 



SECRETARY OF STATE
TALLAHASSEE, FLORIDA
TALLAHASSEE

If above a	ddresses are	incorrect in any way, line thro	ugh incorrect in	formation a	nd enter c	orrection below.	1		
2. New Principal Office Address, If Applicable Manuel Diner, P.A.  3. New Mail Manuel Manuel			ng Office Address, If Applicable el Diner, P.A.		Date Incorporated or Qualified     To Do Business in Florida     05/30/1997				
141 NE 3rd Ave., Ste. 601				Suite, Apt. #, etc.  141 NE 3rd Ave., Ste.601			5. FEI Number 65-0771555 Applied For		
Miami Florida 33132		Miami, Florida 33132		6.	00 077 1000	Not Applicable			
Zip 33132 Country USA		Zip 33132 Countr		Country USA	1	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)									
Title(s)	Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director				City / State / Zip	
R	RUCSI: EDUARRO: A:			BOT-BRICKEXK KEK DRIVE SUFFE VARK		MEMICELERATES			
8.	PUCCIARDOARDSIA			204/BHICKEYE XEX DUINE ZUNE NUX			XBBX	MANUFESSISX	
<b>BYP</b> X	WAZOVEX, CERANDO AX			BOANSHIDREKK KEYK DRINSDEN #460X		XXXXXXX			
DP	FERNAI	NDEZ, GUSTAVO		141 1	NE 3ro	d Avenue, S	Ste.601	MIAMI, FLORI	DA 33132
	<u> </u>					西罗纳•6		ALT ROP	)-()
				·		A COMMENT OF SHIP	# <b>11</b> **	. 0	
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
PROFILET, VAZQUEZ & HESS 501 BRICKELL KEY DRIVE					Name Manuel Diner, P.A. Street Address (P.O. Box Number is Not Acceptable)				
				1/1 NTC 2nd Assessed Ct-0 601					

501 BRICKELL KEY DRIVE SUITE 407 MIAMI FL 33131

Suite, Apr. #, Etc.

Miami

State Zip Code 33132

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 PAGNATURE D REGISTERED AGENT MUST SIGN

Date 4-//-C

11. 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:

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-01

Daytime Phone #