PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Katherine Harris **FOR** FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 99 NOV -1 PM 5: 24 P97000078115 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA JULIO A. PADILLA, P.A. Principal Place of Business Mailing Address 420 LINCOLN ROAD SUITE 379 \$20 LINGOLN ROAD SUITE 970 MIANI REACH EL 39130 MIAMI BEACH FL-80180 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date incorporated or Qualified To Do Business in Florids 09/09/1997 5. FEI Number Applied For 65-0823371 Not Applicable \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Title(s) 420 LINCOLN ROAD SUITE 870 407 LIACUS Rd D PADILLA, JULIO A MIAMI BEACH FL 33139 900003039029--9 -11/09/99--01013--018 \*\*\*\*750.00 \*\*\*\*750.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent PADILLA, JULIO A ESQ Street Address (P.O. Box Number is Not Acceptable) 420 LINCOLN ROAD SUITE 379 Suite, Apt. #, Etc. MIAMI BEACH FL 33139 Zip Code and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the registe Signature of Registered Agent Date REGISTERED AGENT MUST SIGN N. 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 filling this remistatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 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 logal effect as if made under oath. SIGNATURE: Padella