

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 NOV -8 PM 12:20

DOCUMENT # P97000099049

1. Corporation Name
 7290NW35 CORPORATION

Principal Place of Business Mailing Address
 200 S.W. 30TH ROAD
 MIAMI FL 33129
~~200 S.W. 30TH ROAD~~
~~MIAMI FL 33129~~



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.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

PP BOX 453203
 Miami FL
 33245 USA

REINSTATEMENT 99
 4. Date Incorporated or Qualified To Do Business in Florida
 11/19/1997
 5. FEI Number
 65-0803252
 Applied For
 Not Applicable
 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SUAREZ-BURGOS, MARCO A	200 S.W. 30TH ROAD	MIAMI FL 33129

900003046509--1
 11/16/99-01104-012
 ****750.00 ****750.00

BR 1/12

8. Name and Address of Current Registered Agent
 SUAREZ-BURGOS, MARCO A
 200 S.W. 30TH ROAD
 MIAMI FL 33129

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 *[Signature]* REGISTERED AGENT MUST SIGN
 Date NOV. 3, 99

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
 Date NOV. 3, 99
 Daytime Phone #

CR25140 (8/99)