

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 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
			OR 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 _____ Date NOV. 3, 99
REGISTERED AGENT MUST SIGN

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: _____ Date NOV. 3, 99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25140 (8/99)