


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000008593		
1. Corporation Name SIGNATURE PROPERTY INVESTMENTS, INC.		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 DEC 17 PM 2:51

Principal Place of Business C/O PAINE WEBBER 550 BILTMORE WAY CORAL GABLES FL 33134	Mailing Address C/O PAINE WEBBER 550 BILTMORE WAY CORAL GABLES FL 33134
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 10520 NW 26 Street Suite, Apt. #, etc. SUITE C-201 City & State MIAMI, FL 33172 Zip 33172 Country USA	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country
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REINSTATEMENT 01

4. Date Incorporated or Qualified To Do Business in Florida 01/21/1998	
5. FEI Number 65-0839564	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P	ZAPATA-NAVARRO, JOSE L	5232 FISHER ISLAND DR	FISHER ISLAND FL 33109

608004742316-3  
-12/28/01--01016--016  
\*\*\*\*750.00 \*\*\*\*750.00

12/20

8. Name and Address of Current Registered Agent HOWARD, EUGENE J ESQ 1111 LINCOLN ROAD SUITE 800 MIAMI BEACH FL 33139	9. Name and Address of New Registered Agent Name JOSE E. CABANAS Street Address (P.O. Box Number is Not Acceptable) 10520 NW 26 Street Suite, Apt. #, Etc. SUITE C-201 City Miami State FL Zip Code 33172
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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 JOSE E CABANAS REGISTERED AGENT MUST SIGN	Date 10/25/01
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOSE E CABANAS	Date 10-24-01 Daytime Phone # 305-513-3639
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