

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 DEC 16 PM 2:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P98000024209					
1. Corporation Name LAHRSEN DARWICH GROUP, INC.					
Principal Place of Business MIAMI FLORIDA USA		Mailing Address 600 BRICKELL AVENUE SUITE 706 MIAMI, FL. 33131			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 600 BRICKELL AVENUE SUITE 706 MIAMI, FL		3. New Mailing Office Address, If Applicable 600 BRICKELL AVENUE SUITE 706 MIAMI, FL		4. Date Incorporated or Qualified To Do Business in Florida 03-16-1998	
5. FEI Number 65-0820944		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75: Addition of fees 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip		
PR	CARLOS LAHRSEN	600 BRICKELL AVE	MIAMI FL 33131		
D	FELDE LAHRSEN	600 BRICKELL AVE	MIAMI FL 33131		
			700003079477--3 -12/23/99--01059--023 ****750.00 ****750.00		
8. Name and Address of Current Registered Agent CARLOS LAHRSEN 600 BRICKELL AVENUE SUITE 706 MIAMI, FL. 33131			9. Name and Address of New Registered Agent Name: CARLOS F. LAHRSEN Street Address (P.O. Box Number is Not Acceptable): 600 BRICKELL AVENUE Suite, Apt. #, Etc.: SUITE 706 City: MIAMI State: FL Zip Code: 33131		
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: 12-14-99			
REGISTERED AGENT MUST SIGN					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. 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: 12-14-99 Daytime Phone #: 305-358-8952			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2001 (12/98)