

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 APR -4 AM 9:01

DEPARTMENT OF STATE
ALLAHASSEE, FLORIDA

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04/04/11--01053--005 **2558.75
CR2B081 (11/10)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000028987

1. Corporation Name

SECTION 31 TRACT 19 CORP.

2. Principal Office Address - No P.O. Box #

5900 SW 34 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33155

Country

USA

3. Mailing Office Address

5900 SW 34 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33155

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 03/26/1998

5. FEI Number

65-1015960

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NICOLAS A. MARTIN-HIDALGO

Street Address (P.O. Box Number is Not Acceptable)

5900 SW 34 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33155

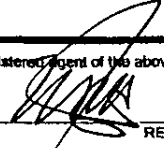
REINSTATEMENT

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent



REGISTERED AGENT MUST SIGN

Date 3/28/2011

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JORGE MINI	881 OCEAN DRIVE. #26-H	KEY BISCAYNE, FL 33149
VP	AYLEEN DEMINI	881 OCEAN DRIVE #26-H	KEY BISCAYNE, FL 33149

10. E-mail Address: NAMHSR@AOL.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.

SIGNATURE:

Jorge Mini

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-11