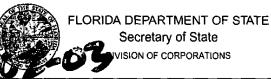
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

DOCUMENT # P98000047789



03 APR 29 AM 9: 30

SECRETARY OF STATE FALLAMASSEE, FLORIDA

1. Corporation Name S.B.S. REALTY CORP		
2. Principal Office Address 1001 PONCE DE LEON BLV	3. Mailing Office Address 1001 PONCE DE LEON_BLVD	600017281246 04/29/0301033- <u>-</u> 030_**300. <u>00</u>

Suite, Apt. #, etc.		Suite, Apt. #, etc.					
					4. Date Incorporated or Qualified To Do Business in Florida 05/26	6/1998	
City & State CORAL GABLES		City & State	City & State CORAL GABLES				
		CORALG			5. FEI Number	Applied For	
		OOIVAL G			65-0841656	Not Applicable	
Zip	Country	Zip	Country	f	6		
33134	US	33134	US	\ \ \	CERTIFICATE OF STATUS DESIRED	5 Additional Fee require	

7. Name and Address of Current Registered Agent	_	
Name RAFAEL J. FERNANDEZ, CPA, PA		
Street Address (P.O. Box Number is Not Acceptable) 4143 SW 74 COURT		
Suite, Apt. #, Etc. SUITE C		
City MIAMI	State FL	Zip Code 33155

8. I, being appointed the registered agent of the above named corp	oration, am familiar with and accept the obligation	ns of section 607,0505 or 617,0503, F.S.	
Signature of Registered Agent REGISTERED A	SENT MUST SIGN	Date	
9. Names and Street Addresses of Each Officer and/or Director (FI	orida nonprofit corporations must list at least 3 dir	rectors)	v

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
! 	ALARCON, RAUL SR.	1001 PONCE DE LEON BLVD.	CORAL GABLES, FL 33134
)	ALARCON, RAUL JR.	1001 PONCE DE LEON BLVD.	CORAL GABLES, FL 33134
•			

10. 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 filling this reinstalement 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 elid 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

4/9/03.

_ Daytime Phone #

CRZE081 (10/0