

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 FEB 13 AM 8:40  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000058689

1. Corporation Name  
BISCAYNE STATION, INC.

REINSTATEMENT 03-06

FEB 17 2006

2. Principal Office Address  
12305 S. DIXIE HWY

3. Mailing Office Address  
12305 S. DIXIE HWY

Suite, Apt. #, etc.

City & State  
MIAMI FL

Zip Country  
33156

4. Date Incorporated or Qualified To Do Business in Florida  
7/1/98

5. FEI Number  
65-0879431

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
LENARD GORMAN 600066370076

Street Address (P.O. Box Number is Not Acceptable)  
1320 S. DIXIE HWY, PH # 1275 02722/06--01020--001 \*\*12 8.75

Suite, Apt. #, Etc.

City State Zip Code  
CORAL GABLES FL 33146

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 [Signature] Date 2/2/06  
REGISTERED AGENT MUST SIGN

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
<u>P.S.T.</u>	<u>CARLOS FONTECILLA</u>	<u>12305 S. DIXIE HWY</u>	<u>MIAMI FL 33156</u>

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 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 contained in Chapter 119, 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] Date 1/30/06 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR