PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	01 APR -6 PM 1:31
DOCUMENT # P98 00058959 1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA
FORD AMREAL	TYINVESTORS, CORP	8000040642888 -04/24/0101086004 *****900.00 *****900.00
2. Principal Office Address 11890 S.W. 8 STREET Suite, Apt. #, etc.	3. Mailing Office Address Same	REINSTATEMENT 00-01
City & State	Suite, Apt. #, etc. City & State	4. Date Incorporated or Qualified To Do Business in Florida June 29, 1998
MIAM, FL Zip 33184 Country 10CA	Zip Country	5. FEI Number 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Name NAFA, National Association for Toreign Attorney, Corf Street Address (P.O. Box Number is Not Acceptable)		
11890 S. W. 8 STREET, Scale 500 Suite, Apt. #, Etc. 500 City MIAMI State Zip Code FL 33184		
8. I, being appointed the egistered agent of the above name (corporation, arr familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date		
9. Names and Street Addresses of Each Officer and/o		
Titles Name of Officers and/or Directors	Street Address of Eacl Officer and/or Directo	
PR MANUEL V. Barre	era 11890 SWBST.,	#500 MIANI, FL., 33184
V-P Humphrey H. Bd	hecker 11890 SW8ST,	,#500 MIAMI, FL, 33184
SC Téreso Barrer	7 11890 SW 85T,	#500 MIANI FZ, 33184
D CARLOS M. Herre	andez 11890 SW 85T=	#500 MAMI, FL, 33184
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IO. 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 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 Date Date		