PLEASE READ	ALL INSTRUCTI	ONS BEFORE	COMPLETING THIS FORM.	
APPLICATION FOR REINSTATEMENT	Sandra I Secreta	RTMENT OF STATE B. Mortham Iry of State CORPORATIONS	APPROVELI ANII FILEO	
DOCÚMENT # P98000099512 1. Corporation Name			99 NOV 18 PM 4:31	
CB 4, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business	Mailing Address		TÄLLAHASSEE, FLORIDA	
631 Euclid Avenue Suite 7 Miami Beach, Florida 33139 It above addresses are incorrect in any way, line through incorrect information and enter correct				
New Principal Office Address, If Applicable New Mailing Office Address, If		idress, If Applicable	Date Incorporated or Qualified To Do Business in Florida 11/30/98	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State		5. FEI Number Applied For 65-0877718 Not Applicable	
Zip Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/	or Director (Florida nonprof	l lit corporations must list at le	least 3 directors)	
Title(s) Name of Officers and/or Directors	3 (D	Street Address of Each Officer and/or Director o NOT Use Post Office Box I	tor t. City / State / Zip	
		Euclid Avenue,		
8. Name and Address of Current	Registered Agent		9. Name and Address of New Registered Agent	
AmeriLawyer 343 Almeria Avenue Coral Gables, Florida 33134		Street Address (i 343 A.1 Suite, Apt. #, Etc	el & Utrera, P.A. s (P.O. Box Number is Not Acceptable) Almeria Avenue sic. cal Gables State Zip Code 33134	
10. I, being appointed the registered agent of the alcoholing the second	PA Corporation, am			
This corporation oweslor had Intangible Personal Property	as paid the curre	nt year	No See other ade to information on injurgible see,	
this reinstatement application, the reason for disso	olution has been eliminated, names of Individuals listed o	the corporate name satisfies in this form do not qualify for	s provided for in chapter 607 or 617, F.S. I further certify that when filling es the requirements of section 607.0401 or 617.0401, F.S., that all fees or an exemption under section 119.07(3)(i), F.S. The information indicated der oath.	
SIGNATURE: SIGNATURE AND TYPETOR PRI	TO CAME OF SIGNING OFF	George P. Ga	Gallier 11/10/90 Daytime Phone #	

AFFIDAVIT IN SUPPORT OF REQUEST TO WAIVE THE FLORIDA DEPARTMENT OF STATE CORPORATE REINSTATEMENT FEES

STATE OF FLORIDA) COUNTY OF MIAMI-DADE)

- 1. George P. Gallier is the President of CB 4, INC., a Florida corporation, (hereinafter "Corporation").
- 2. That the Corporation was administratively dissolved by the Florida Department of State on September 24, 1999.
- 3. That the Corporation failed to file its 1999 Annual Report or pay the 1999 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
 - 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
 - 3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
- 4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 1999 Annual Report fees and the filing of its 1999 Annual Report, which are presented simultaneously with this Affidavit.
- 5. CB 4, INC. satisfies the requirements of the Florida Statutes 607.0401.
- 6. No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: 12th day of November, 1999

FURTHER, AFFIANT SAYETH NOT

CB 4, INC.

George P. Gallier, President

NFDG 701749474

SWORN AND SUBSCRIBED

before me this 12h day of New 31/20 1999.

Notary Public, State of Florida at Large

Printed Name: Poor; 50 Acust A Commission Expires: 4/26/2002

odrigo Acosta Jr My Commission CC738856 Expires April 26, 2002