


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b>  04 MAR -1 PM 3:49  SECRETARY OF STATE TALLAHASSEE, FLORIDA  <b>REINSTATEMENT 03-04</b> 100029593351 03/01/04--01014--011 **\$900.00
DOCUMENT # <u>898000107521</u>			
1. Corporation Name <u>HOEHLINGER &amp; CHIARELLI INC</u>			
2. Principal Office Address <u>1777 SW 3rd Ave</u>		3. Mailing Office Address <u>SAME</u>	
Suite, Apt. #, etc. <u>Miami, Fla</u>		Suite, Apt. #, etc. <u>"</u>	
City & State <u>Miami, Fla</u>		City & State <u>"</u>	
Zip <u>33129</u>	Country <u>U.S.A.</u>	Zip <u>"</u>	Country <u>"</u>
4. Date Incorporated or Qualified To Do Business in Florida <u>12/29/1998</u>		5. FEI Number <u>650884600</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name <u>LILY SAENZ</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>1777 SW 3rd Ave</u>			
Suite, Apt. #, Etc. <u>"</u>			
City <u>Miami</u>		State <u>FL</u>	Zip Code <u>33129</u>
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 <u>Lily Saenz</u>		Date <u>2.20.04</u>	
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
P	Lily IZARNOTEGUI	1777 SW 3rd Ave	Miami FL 33129
V.P	GUSTAVO SAENZ SR	"	"
S	Alexander CHIARELLI	"	"
T	Veronica HOEHLINGER	"	"
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 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: <u>Lily IZARNOTEGUI</u>		Date <u>2.20.04</u>	Daytime Phone # <u>305/257-3456</u>

CRZE08 (01/04)