

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000002361

1. Corporation Name

Biscayne Realty Holdings, Inc.

2. Principal Office Address - No P.O. Box #

1200 Brickell Avenue

Suite, Apt. #, etc.

4th Floor

City & State

Miami

Zip

33131

Country

USA

3. Mailing Office Address

1200 Brickell Avenue

Suite, Apt. #, etc.

4th Floor

City & State

Miami

Zip

33131

Country

USA

7. Name and Address of Current Registered Agent

Name

Toni Ponce

Street Address (P.O. Box Number is Not Acceptable)

1200 Brickell Avenue

Suite, Apt. #, Etc.

4th floor

City

Miami

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date

3-2-2010

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	Mauricio Laniado	1200 Brickell ave 4th Floor	Miami, FL 33131
VP& S	Toni Ponce	Same	Same
VP& T	Fausto Cevallos	Same	Same
V.P.	Miguel Rasco	Same	Same
V.P.	Susana Barraque	Same	Same
			JC 3/4

10. E-mail Address: **tponce@intercreditbank.com**

(To be used for future annual report notification)

11. 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. I further certify that 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:

Toni Ponce

3-2-2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 MAR -4 PM 2: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900171049379

03-02-10 01049 007 \$608.75

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

January 8, 1999

5. FEI Number

65-0894597

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.