

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN -2 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000046553

1. Corporation Name

Rydan PROPERTIES LTD

W06 - 22500

2. Principal Office Address

8951 NE 8TH AVE

Suite, Apt. #, etc.

119

City & State

Miami Florida

Zip

33138

Country

DADE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

04-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5-21-1999

5. FEI Number

65092367021

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

YERO Fidel

900076208439

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

8951 NE 8TH AVE

06/15/06--01006--003 **10.00

Suite, Apt. #, Etc.

119

City

Miami

State

FL

Zip Code

33138

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]

REGISTERED AGENT MUST SIGN

Date MAY 25 2006

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
PD	YERO MARGEN	315-76 ST W.B. FL	Miami BEACH FL
VP	YERO NORA	315-76 ST	" " 33141
	<i>[Signature]</i>		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

MAY 25 2006

Daytime Phone #