

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 28 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

800032753048
04/14/04--01050--013 **750.00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000055538
1. Corporation Name
MAVIC INVESTMENT GROUP

2. Principal Office Address 7215 NW 41 ST		3. Mailing Office Address 7215 NW 41 ST	
Suite, Apt. #, etc. UNIT "N"		Suite, Apt. #, etc. UNIT "N"	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33166	Country USA	Zip MIAMI, FL	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 06/18/1999

5. FEI Number 650928201 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
ENRIQUEZ, BELARMINO

Street Address (P.O. Box Number is Not Acceptable)
13460 SW 36 ST

Suite, Apt. #, Etc.

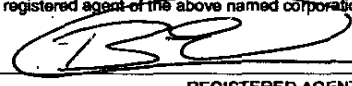
City
MIAMI

State
FL

Zip Code
33175

800032753048
04/30/04--01009--024 **150.00

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.

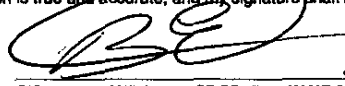
Signature of Registered Agent  Date 4/12/2004

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
PA	ENRIQUEZ, BELARMINO	13460 SW 36 ST.	MIAMI, FL 33175
VP	SOCARRAS, SAHILY	13460 SW 36 ST	MIAMI, FL 33175
S	ALSOLA, PEDRO J.	912 SANTIAGO STREET	CORAL GABLES, FL 33134
D	LORENZO, SERGIO	3611 SW 87 AV.	MIAMI, FL 33165

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:  Belarmino Enriquez 4/12/2004 305-629-9285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25081 (01/04)