


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 DEC 14 AM 11:47

DOCUMENT # P99000064009

1. Corporation Name
BEATRIZ M. BRITO, P.A.

Principal Place of Business 1138 OBISPO AVE CORAL GABLES FL 33134	Mailing Address 1138 OBISPO AVE CORAL GABLES FL 33134
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida **07/12/1999**

5. FEI Number **65-0937413**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	BRITO, BEATRIZ M	233 ROMANO AVE 1138 OBISPO AVE	CORAL GABLES FL 33134

700004739707-3
 -12/26/01--01094--004
 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

BRITO, BEATRIZ M P.A.
233 ROMANO AVE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name **BRITO, BEATRIZ M.**
 Street Address (P.O. Box Number is Not Acceptable) **1138 OBISPO AVENUE**
 Suite, Apt. #, Etc.
 City **CORAL GABLES** State **FL** Zip Code **33134**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date **X 11-18-01**
 REGISTERED AGENT MUST SIGN

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 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: [Signature] **SIGNATURE REQUIRED** Date **X 11-18-01** Daytime Phone # **X 305 529-6634**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2040 (8/01)