


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 99000092803

1. Corporation Name
E.G. Real Estate Holdings, Inc.

2121 SW 3 Ave.
2121 SW 3 Ave. W0400032545

2. Principal Office Address 2121 SW 3 Ave. Suite, Apt. #, etc. 800 City & State Miami, FL Zip 33129		Country USA		3. Mailing Office Address 2121 SW 3 Ave. Suite, Apt. #, etc. 800 City & State Miami, FL Zip 33129		Country USA	
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FILED

04 SEP 10 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-04

4. Date Incorporated or Qualified To Do Business in Florida 09/13/1999	
5. FEI Number 650956765	Applied For Not Applicable
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
Rodolfo Pita

Street Address (P.O. Box Number is Not Acceptable)
2121 SW 3 Ave. 400040453954
08/24/04--01025--001 **1200.00

Suite, Apt. #, Etc.
Suite 800

City
Miami

State
FL

Zip Code
33129

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] Date 9/2/04

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
DP	Ernesto Poma	2121 SW 3 Ave., Suite 800	Miami, FL 33129
DS	Rodolfo Pita	2121 SW 3 Ave., Suite 800	Miami, FL 33129

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: [Signature] Date 06/15/2004 Daytime Phone # 305/285-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2881 (01/04)