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APPLIC	ATION	FLORIDA DEPARTMENT OF STATE				âgena 1	÷			
FOR		Katherine Harris Secretary of State								
REINSTATEMENT		DIVISION OF CORPORATIONS				FILED				
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Corporation Nan						01 OCT I	8 Al	M II: 43		
Ocean Poir	nte Corp.					SECRETAR	SECRETARY OF STATE			
						TALLATIASS	SECRETARY OF STATE			
Principal Place of Business		Mailing Address								
						3. Date Incorporated or Qua	lified	3a. Date of Last Report		
Principal Place of	Rusiner	2a. Mailing Address				9/21/1999 4. FEI Number				
1428 Brickell		26. 1428 Brickell Avenue			4. FEI Number Applied not applicable Not Appl					
ite, Apt. #, etc.		Suite, Api. #, etc.				••	69.75 Addisional			
		27				5. Certificate of Status Desir	5. Certificate of Status Desired Fee Required			
ty & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Addred to Fees					
Miami FL	County	28 Miami FL Zip	County	,				Added to Fees		
p 33131	25 Miami-Dade	29 33131		' liami-I	Dade	 8. This corporation has liabilis. 199.032, Florida Statutes 	ity for:			
	me and Address of Current Re			T		. Name and Address of New R	glaters			
				81 N	lame					
lio E. Manguar					treet Address	(P.O. Box Number is Not Accep	(able)			
28 Brickell Av ain Floor	enue					(
iami, FL 3313	1	83								
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. Pursuant to the	provision of Sections 607.1 08	, Florida Statutes, the al	ove-nan		Providence Suba	FI	of cha	Zip Code		
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JAge 2083

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: Ocean Pointe Corp.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.

2. 300 check payable to Florida Department of State

It is our understanding that the state will waive the late filing fee (and reinstate the company if applicable) because we never received the Uniform Business Report that should have been mailed to us. Thank you.

Sincerely,

١ť

Name: Gustavo Cusi Title: Director, Chairman Date: 10/17/2001

PHIC 5513

FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 10-18-01

NAME: OCEAN POINTE, CORP.

TYPE OF FILING: REINSTATEMENT

COST: CHECK ATTACHED FOR \$300.00

RETURN:

ACCOUNT: ECA00000015----

AUTHORIZATION:

ABBIE/PAUL HODGE



page lots

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APPLIC		FLORIDA DEPA			—				
FOR		Katherine Harris					1		
REINSTATEMENT		Secretary of State							
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		·····					_Er)	
	T # P99000061259							-	
1. Corporation Nam	ic .					01 OCT 1	R AM	10	,
Hermanos	Cano Inc.						- RA	1: 51	4
						SECRETARY TALLAHASSI	′ <u> </u>	`T 4	
						TALE AHAGA	701-3	ALE	
Principal Place of B	usiness	Mailing Address					.C, rL	.CRIDA	
						3. Date Incorporated or Qualif	ied 3a.	Date of I	Last Report
						7/7/1999			
2. Principal Place of Business		2a. Mailing Address				4, FEI Number		A	pplied For
1800 S. Ocean Boulevard		26 1800 S. Ocean Boulevard				not applicable			ot Applicable
Suite, Apt. #, etc.							, I,		
2 #1202		Suite, Apt. #, etc. 27 #1202				5. Certificate of Status Desired	i 🗆	58.75 Fee Req	Additional
		·					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Tee Key	
City & State		City & State				6. Election Campaign Financin	ß	-	May Be
3 Pompano Bes	ich FL	28 Pompano Beach FL				Trust Fund Contribution -	- <u>L</u> ·	Added to	o Focs
Zip	County	Zip	County	у		8. This corporation has liability	for inte	angible ta	x under
33062	25 Miami-Dade	29 33062	30 N	/liami	-Dade	s. 199.032, Florida Statutes	🗌 Yes	🗋 No	
9, Na	me and Address of Current Re	gistered Agent		T	10.	Name and Address of New Reg	stered	Agent	
		<u> </u>		81	Name	lettere			
	_				German Cano				
Julio E. Manguar				82	Street Address (F	P.O. Box Number is Not Acceptal	olė)		
1428 Brickell Av	испис			· · · ·	9800 NW 17th	Street			
Main Floor	1			83	Suite 2				
Miami, FL 3313	1			+		118	7i	p Code	
				84	City Miami	FL	0	172	
		The late Chattane also also		<u> </u>		is this statement for the purpose of	 Changi	no its repi	stered office
11. Pursuant to the	provisions of Sections 607.1508.	Such change was sut	horized	by the	e corporation's bo	pard of directors. I hereby accept	the app	ointment	as registered
or registered agent.	with and accept the obligations	of, Section 607.0505, F	Florida S	Statuto	s.				
	ball and	/ German Cano					1710		
Sign	sture, typed or printed name of registered			NOTE	Registered Agent sign	ature required when reindlating)	NDDD	ECTORS	IN 12
12	OFFICERS AND DIREC		13.			Alerandes to office as the		Change	Addition
TTLE	Ø	DELETE	· ·	TITLE		500004	65	387	
NAME	Gustavo Cano			NAM		10/29	/01-	-0107	3002
	1800 S. Ocean Boulevard #1202				BT ADDRESS				⊧ ¥300_00
CITY-ST-ZIP	Pompane Beach FL 33062	DELETE	- T		-ST-ZIP	/ / / / / / / / / / / / / / / / /		Change	Addition
TTTLE	D		-/-	TTTLS NAM					
NAME	Doris Cano				ET ADDRESS				
STREET ADDRESS	1800 S. Ocean Bouleverd #1202 Pompano Beach FL 33062				ST-ZIP				·*
CITY-ST-ZIP	Pompano Beach PE 55001	DELETE		TITLE				Change	Addition
TTTLE			1	NAM					
NAME			3.3	STRE	ET ADDRESS				
STREET ADDRESS			3,4	CITY	-ST-ZIP	······································			
CITY-ST-ZIP		DELETE	4.1	TITLE	E			Change	Addition
TITLE	1		4.2	NAM	E				
NAME STREET ADDRESS			4.3	STRE	LET ADDRESS				
CITY-ST-ZIP			4.4	CITY	-st-zip		<u> </u>	Change	Addition
		🗌 DELETE	5.1	TTTL	E			Change	
TTTLE NAME				NAM					
STREET ADDRES	9				EET ADDRESS				
CITY-ST-ZIP	ļ	<u> </u>			(-ST-ZIP	*** <u></u> _ *********************		Change	Addition
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NAME				2 NAN 3 SHD1	EET ADDRESS	no se o	1		8 W
STREET ADDRES	\$					$(\mathcal{V} - \mathcal{O} \mathcal{U}^{2})$	(
CITY ST 712		with this filing does				ated in Section 119.07(3)(i), Flori hat my signature shall have the same	Ja Statu	tes. I furth	her certify that
14. I do hereby co	rtity that the information supplied dicated on this minual report or a	whplemental annual re	port is f	truc ar	nd accurate and th	ated in Section 119.07(5)(1), right hat my signature shall have the sai this report as required by Chapte	ne iegal 607 되	critect as	it made under ituies: and that
oath; that I am an	officer or director of the corport	tion or the receiver or	trúslec	cmpo	wered to execute	this report as required by Chapter storney-in-fact			
my name appears	in Block 7 pr Block 3, or only	aconstent with an ador	688. N (* 1440 - 1	by Jal	io E. Manguart as	attorney-in-fact 10/17/0	L 3	05-37	<u>77-8889</u>
SIGNATURE	rune cr	D NAME OF SIGNING OF		~,		Detc	Daytime	Phone #	
L	SIGNATURA AND TYPED OR PRINTE	0	-		_	,			
	U					,			

PAGE Lot

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: Hermanos Cano Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.

2. 300 check payable to Florida Department of State

It is our understanding that the state will waive the late filing fee (and reinstate the company if applicable) because we never received the Uniform Business Report that should have been mailed to us. Thank you.

Sincerely,

Name: Gustavo Cano Title: Director, Chairman Date: 10/17/2001

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FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 10-18-01

NAME: HERMANOS CANO INC.

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ACCOUNT: ECANODOIS



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