
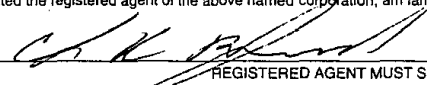
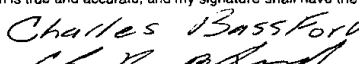


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 01 SEP 19 AM 10:57	
DOCUMENT # P990000090755					
1. Corporation Name Sequoia Land Development of Miami, Inc.					
2. Principal Office Address 3039 N 57 Dr. Suite, Apt. #, etc.		3. Mailing Office Address 3039 N 57 Dr. Suite, Apt. #, etc.			
City & State Hollywood Florida		City & State Hollywood Florida		4. Date Incorporated or Qualified To Do Business in Florida 10-14-99	
Zip 33021	Country USA	Zip 33021	Country USA	5. FEI Number	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Charles Bassford			900004610109--4		
Street Address (P.O. Box Number is Not Acceptable) 3039 N 57 Dr.			-09/25/01--01041--017 ***308.75 ***308.75		
Suite, Apt. #, Etc.					
City Hollywood			State FL	Zip Code 33021	
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 9-4-01		
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	
PSTV	Salmir J Pupo	3039 N 57 Dr		Hollywood Fl. 33021	
DV	Charles Bassford	3039 N 57 Dr		Hollywood Fl. 33021	
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: Charles Bassford 			9-4-01 954-802-6047		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		