

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P 99000102612		
1. Corporation Name NUMERO UNO REALTY INC		

FILED
04 APR 15 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address 3894 MANNIX DR STE 220 Suite, Apt. #, etc. 220	3. Mailing Office Address 3894 MANNIX DR STE 220 Suite, Apt. #, etc. 220
City & State NAPLES FL 34114 Zip 34114	City & State NAPLES FL 34114 Zip 34114
Country COLLIER	Country COLLIER
4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-0963812	
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 MAXXRA MAYRA MARTINEZ		
Street Address (P.O. Box Number is Not Acceptable) 8168 IBIS COVE CIRCLE		
Suite, Apt. #, Etc. 8168 IBIS COVE CIRCLE		
City NAPLES FLORIDA 34119	State FL	Zip Code 34119

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

Mayra Martinez

Date **4-14-04**

CR2E081 (01/04)

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
P	MAYRA MARTINEZ	8168 IBIS COVE CIRCLE	NAPLES FL 34119

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: *Mayra Martinez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04 2393540172
Date Daytime Phone #