TOTAL P.02

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION [redacted]

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

DOCUMENT # S66231

1. Corporation Name
INVERCOL REAL ESTATE, INC.

2. Principal Office Address	3. Mailing Office Address
10511 N. Kendall Dr.	10511 N. Kendall Dr.
Suite, Apt. #, etc. C205	Suite, Apt. #, etc. C205
City & State Miami, FL	City & State Miami, FL
Zip 33176 / Country USA	Zip 33176 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida 7/10/91

5. FEI Number 65-0336977 — Applied For [ ] Not Applicable [X]

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

7. Name and Address of Current Registered Agent

Name: Craig R. Dearr

600005112636--9
-03/18/02--01031--013
****450.00 ****450.00

Street Address (P.O. Box Number is Not Acceptable): 9130 S. Dadeland Blvd.

Suite, Apt. #, Etc.: Suite 1609

City: Miami — State: FL — Zip Code: 33156

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent _____ Date 3/5/02
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
D	Olguin, Carlos	10511 N. Kendall Dr. C205	Miami, FL 33176
VP	Olguin, Manuel	10511 N. Kendall Dr. C205	Miami, FL 33176
S	Paredes, Cármen	10511 N. Kendall Dr. C205	Miami, FL 33176
		00-02 4BR	

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: Carmen Paredes — 3/6/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Vice President — Date — Daytime Phone #