

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sara B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 AUG 14 PM 2:24

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # V22660

1. Corporation Name
 Maria C. Corp.

800002619228--8
 -08/18/98--01063--001
 ****315.00 ****315.00

Principal Place of Business Mailing Address
 1310 SW 70th Ave
 Miami, FL 33144

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
 March 20, 1992

5. FEI Number
 65-0351020
 Applied For
 Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P/S President	Rodrigo Betancourt	(Home) 7960 SW 19th St	Miami, FL 33155
T	BUDUEN BETANCOURT, NANCY	7960 S.W. 19th Street	Miami, Florida 33155

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: BETANCOURT, RODRIGO

Street Address (P.O. Box Number is Not Acceptable): 1310 S.W. 70th Avenue

Suite, Apt. #, Etc.

City: Miami State: FL Zip Code: 33144

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Rodrigo Betancourt* Date: 7/27/98
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Rodrigo Betancourt* Rodrigo Betancourt 7-27-98 (305) 264-0676
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE040 (1/98)