## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	LORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		O7 MAR 23 AM 10: 31  OECRETARY OF STATE FALLAHASSEE, FLORIDA
DOCUMENT # V30228  1. Corporation Name			ALLAHASSEE, FLORIDA
Hugo E. Dorta, i	P. A.	TO TO	
2. Principal Office Address - No P.O. Box # 3	1. Mailing Office Address 1221 Brickell Avenue	KEI	CR2E081 (1/07) VENT
Suite, Apt. #, etc. s	Suite, Apt. #, etc.	4. Date Incomp	orated or Qualified
	Oity & State Miami, FL	5. FEI Numbe	
Zip Country Z	BBL31 Country Country Country	6. CERTIFICATE	OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Cu		,	
Name  Llugo E. Dorta  Street Address (P.O. Box Number is Not Acceptable)  [22] Brickell Avenue  Suite, Apt. #, Etc.  2650  City Miami		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
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 3/19/07
9. Names and Street Addresses of Each Officer and/or	<del>"</del>	ast 3 directors)	
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip
DP Hugo E. Dorta	1221Brickell Aug	. <sup>#</sup> 2650	Miami, FL 33131
		810 04/04	00095815988 /07=-01045021 **450.00
			K. Eckel MAR 2 9 2007
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 contained in Chapter 119, 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: SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR  Date  Date			