PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham Fill for D FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 97 APR 15 AM 10: 09 DOCUMENT # V 48937 SECRETARY UF STATE TALLAHASSEE FLORIDA Rumbaut Management, INC Principal Place of Business Mailing Address 1060 Stillwater Drive REINSTATEMENT Tower Suites Miami Beach, FL 33141-1024 D 94-97 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida Same as about same as above -6-93 Suite, Apt. #, etc Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Not Applicable 6 \$8.75 Additional Fee required for a Certificate of Status Zip Country Zin Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Title(s) (Do NOT Use Post Office Box Numbers) Julio Rumbaut 1060 Still water Drive Miani BEACH, Fl 3314HIR. 300002145023--1 -04/16/97--01065--007 ***1245.00 ***1245.00 0002145023-- -04/16/97--01065--008 ******8.75 ******8.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Julio Rumbaut Street Address (P.O. Box Number is Not Acceptable) 1060 Stillwater Drive MIGMI Beach, Fl 33141-1024 Suite, Apt. #. Etc. City Zip Code 10. I, being appointed the registered agent of the above parties corporation, are familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent HEGISTERED AGENT MUST SIGN 11. Does this perporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. (See other side for information on intangible tax.) Yesl No 12.1 dertify 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIG