
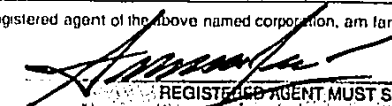
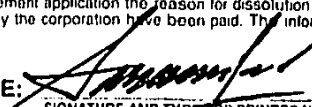


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p>		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED</p> <p>96 DEC -5 PM 12:21</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																													
<p>DOCUMENT # V 70880</p> <p>1 Corporation Name</p> <p>SWIMMARET, INC.</p>																																	
<p>Principal Place of Business</p> <p>19520 NE 19TH PLACE No. MIAMI BEACH, FL 33179</p>			<p>Mailing Address</p> <p>19520 NE 19TH PLACE No. MIAMI BEACH, FL 33179</p>																														
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>																																	
<p>2 New Principal Office Address, if Applicable</p> <p>19520 NE 19TH PLACE Suite, Apt. #, etc.</p>		<p>3 New Mailing Address, if Applicable</p> <p>19520 NE 19TH PLACE Suite, Apt. #, etc.</p>		<p>4 Date Incorporated or Qualified To Do Business in Florida</p> <p>10/14/1992</p>																													
<p>City & State</p> <p>No. MIAMI BEACH, FL.</p>		<p>City & State</p> <p>No. MIAMI BEACH, FL.</p>		<p>5 FEI Number</p> <p>65-0390713</p>																													
<p>Zip</p> <p>33179</p>		<p>Country</p> <p>USA</p>		<p>6 CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																													
<p>7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>BUTTERFIELD, Humberto</td> <td>19520 NE 19TH PLACE</td> <td>No. MIAMI BEACH, FL. 33179</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						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	P	BUTTERFIELD, Humberto	19520 NE 19TH PLACE	No. MIAMI BEACH, FL. 33179																				
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<p>8. Name and Address of Current Registered Agent</p> <p>BUTTERFIELD, Humberto 19520 NE 19TH PLACE No. MIAMI BEACH, FL 33179</p>																																	
<p>9. Name and Address of New Registered Agent</p> <p>Name</p> <p>Street Address (P.O. Box Number is Not Acceptable)</p> <p>Suite, Apt. #, Etc.</p> <p>City</p> <p>State FL Zip Code</p>																																	
<p>10 I am appointing the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</p> <p>Signature of Registered Agent  Date 12/3/96</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																																	
<p>11 Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>																																	
<p>12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p> <p>SIGNATURE:  BUTTERFIELD, Humberto, President 11/18/96 305.931.7623</p> <p style="text-align: center;">SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>																																	

CPRE040 (12/95)