

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAR 23 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~F9000001692~~ **F93000001692**

1. Corporation Name
ROTUNDA PROPERTIES A.V.V. COMPANY

Principal Place of Business Mailing Address
c/o Orion Investment same
9000 SW 152nd St., Ste. 106
Miami, FL 33157

600002467106--1
-03/24/98--01099--016
******917.50 ****917.50**

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4/6/93	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0246258	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
1	2	3	4
Managing Director	GESTOR, AGENCIA F.	48 LG Smith Blvd.	Oranjestad, Aruba
Managing Director	GONZALEZ, HECTOR E.	48 LG Smith Blvd.	Oranjestad, Aruba
Director	SANZ, JOSEPH A.	9000 SW 152nd St., Ste.106	Miami, FL 33157

REINSTATEMENT *97-98*

SL 3-23-98

8. Name and Address of Current Registered Agent

B. MACKAY BROWN, ESQ.
WHITE & BROWN, P.A.
9000 SW 152nd St., Ste. 102
Miami, FL 33157

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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 *[Signature]* REGISTERED AGENT MUST SIGN

Date **3/20/98**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSEPH A. SANZ, Director

3/20/98 **305-278-8400**
Date Daytime Phone #

CR2E040 (12/96)