

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB -1 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA000019013

1. Corporation Name

29 North Dixie NC.

2. Principal Office Address

6065 NW 167th ST.

3. Mailing Office Address

Suite, Apt. #, etc.

B-3

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

Country

33015

U.S.A.

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

9/02/99

5. FEI Number

65-1155641

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GARY CEDENO

200004931402--2

Street Address (P.O. Box Number is Not Acceptable)

6065 NW 167th ST

-02/15/02--01063--008

***1050.00 ***1050.00

Suite, Apt. #, Etc.

B-3

City

MIAMI

State

FL

Zip Code

33015

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1/14/02

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|-----------------------------------|--|------------------------|
| P. | <u>DELROY COWAN</u> | <u>19500 E ST ANDREWS DR.</u> | <u>MIAMI, FL 33015</u> |
| | | | |
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REINSTATEMENT 00-02

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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 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 SIGNING OFFICER OR DIRECTOR

[Signature]

Date 1/14/02

Daytime Phone # 305 828 7000

CR2E081 (9/00)