

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 OCT 27 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000071240

1. Corporation Name

AIB REALTY HOLDING CO.

2. Principal Office Address - No P.O. Box #

C/O 10300 SUNSET DRIVE

Suite, Apt. #, etc.

SUITE 400

City & State

MIAMI, FL

Zip

33173

Country

USA

3. Mailing Office Address

C/O 10300 SUNSET DRIVE

Suite, Apt. #, etc.

SUITE 400

City & State

MIAMI, FL

Zip

33173

Country

USA

600137326356
10/27/08--01049--021 **1050.00
NEWSPRINT CR2E081 (10/08) 06-08

4. Date Incorporated or Qualified
To Do Business in Florida 08/10/1999

5. FEI Number
65-1108930

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
JULIO SALEM

Street Address (P.O. Box Number is Not Acceptable)
808 BRICKELL KEY DRIVE

Suite, Apt. #, Etc.
APT # 3802

City
MIAMI

State Zip Code
FL 33131

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 X

Julio Salem

Date X 10/17/08

REGISTERED AGENT MUST SIGN

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
PD	Barakat, America	Gran Via #8 Lomas de Urdesa	Guayaquil, Ecuador
VP	Salem, Julio	808 Brickell Key Drive, #3802	Miami, FL 33131

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: X *Americo Isaac Barakat*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 10/20/08 X 305.945.0303
Date Daytime Phone #