

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 FEB 26 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100089720011
03/01/07--01002--023 **450.00

DOCUMENT # P04000090829

1. Corporation Name
M1406 05/10 CORP.

2. Principal Office Address - No P.O. Box # 2600 Douglas Rd. Suite, Apt. #, etc. Suite 1100 City & State Coral Gables, FL. Zip 33134		Country USA		3. Mailing Office Address 2600 Douglas Rd. Suite, Apt. #, etc. Suite 1100 City & State Coral Gables, FL. Zip 33134		Country USA	
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CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida	06/11/2004
5. FEI Number	20-1233334
Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED: <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
JORGE L. GURIAN

Street Address (P.O. Box Number is Not Acceptable)
2600 Douglas Rd.

Suite, Apt. #, Etc.
Suite 1100

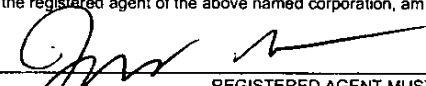
City
Coral Gables

State
FL

Zip Code
33134

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  Date 02/22/2007

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
D/P	JOSE VARGAS	2600 Douglas Rd. Suite 1100	Coral Gables, FL 33134
D/S	JANETT DE VARGAS	2600 Douglas Rd. Suite 1100	Coral Gables, FL 33134

REINSTATEMENT 05-07 *B2/07*

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:  02/22/07 (305)279-4101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #