

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAY 15 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G16231

1. Corporation Name

OTICENTRO, INC.

2. Principal Office Address

1470 NW 107TH AVENUE

Suite, Apt. #, etc.

SUITE M

City & State

MIAMI FL

Zip

33172

Country

USA

3. Mailing Office Address

1470 NW 107TH AVENUE

Suite, Apt. #, etc.

SUITE M

City & State

MIAMI FL

Zip

33172

Country

USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida

12/06/1982

5. FEI Number

59-2262526

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

PEREZ-RANGEL, DOMINGO A.

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

1470 NW 107TH AVENUE

Suite, Apt. #, Etc.

SUITE M

City

MIAMI

800004425858-2

-06/18/01-01158-014

State

FL

33172

LS

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

REGISTERED AGENT MUST SIGN

Date 04-09-01

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	PEREZ-RANGEL, DOMINGO A.	12052 SW 10TH TERRACE	MIAMI FL 33189

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

DOMINGO A. PEREZ-RANGEL 04-09-01

Date

Daytime Phone #

(305) 999-1528

CR2E081 (9/00)