

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 29 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #G16231

1. Corporation Name

OTICENTRO, INC.

2. Principal Office Address

1470 NW 107th Ave

3. Mailing Office Address

1470 NW 107th Ave

Suite, Apt. #, etc.

suite M

Suite, Apt. #, etc.

suite M

City & State

Miami FL

City & State

Miami FL

Zip

33172

Country

Miami-Dade

Zip

33172

Country

Miami-Dade

800008686068
10/30/02--01014--005 *758.75
REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/1982

5. FEI Number

592262526

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

Domingo A. Perez-Rangel

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

1470 NW 107th Ave

Suite, Apt. #, Etc.

Suite M

City

Miami

State
FL

Zip Code

33172

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

DOMINGO A. PEREZ-RANGEL

Date

10/28/02

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
P	Domingo A. Perez-Rangel	1470 NW 107th Ave suite M	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

Date

10/28/02 305-599-1528

Daytime Phone #

CR2E081 (9/01)

gc 11/5/02

LUIS CRUZ
Attorney at Law
6401 SW 87th ave
Suite 100
Miami, Fl 33173
Tel.No. (305) 273-6060
Fax No. (305) 630-3633

October 28, 2002

Secretary of State
Division of Corporations
P.O. BOX 6327
Tallahassee, Fl 32314

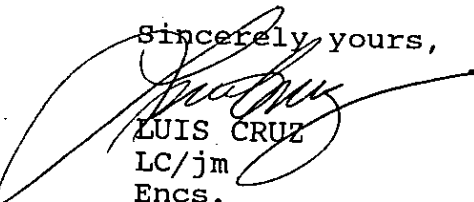
**RE: CERTIFICATE OF GOOD STANDING FOR
OTICENTRO INC.**

Dear Sir/Madam:

We kindly request a certificate of good standing for the above mentioned corporations. Enclosed please find our check in the sum of \$8.75 to cover said expense. Please mail the same to our office.

We appreciate your cooperation and prompt attention to this matter.

Sincerely yours,



LUIS CRUZ

LC/jm

Encs.