

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



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

FILED

01 APR -9 AM 10:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # B-50953

1. Corporation Name
DE LA FUENTE RENTAL, INC.

2. Principal Office Address
1759 N.W. 22 Ave

Suite, Apt. #, etc.

3. Mailing Office Address
JXME

Suite, Apt. #, etc.

City & State
Miami, FLORIDA

Zip
33126

Country
USA

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida
1/25/83

5. FEI Number
59-232-2978

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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 -04/18/01--01006--022
 ****150.00 ****150.00

7. Name and Address of Current Registered Agent

Name
DE LA FUENTE, EDUARDO

Street Address (P.O. Box Number is Not Acceptable)
4915 S.W. 88 St.

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33165

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] Date 4-4-01

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
DPS	DE LA FUENTE, EDUARDO	4915 S.W. 88 St.	MIAMI, FLORIDA 33165
V	DE LA FUENTE, FRANCISCO	8500 S.W. 27 Terrace	MIAMI, FLORIDA 33155

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)(l), 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] Date: 4-4-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)