PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 29 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000000937

1. Corporation Name

SOLIDARITY WORLD NETWORK RED MUNDIAL DE SOLIDARIDAD INC,.

REINSTATEMENT

300022885273
09/09/03--01066--016 **358.75

2. Principal Office Address	**3.** Mailing Office Address
PO BOX 950343	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE MARY-FLORIDA	City & State
Zip: 32795-0343 / Country: U.S.A.	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number — [X] 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: CONTAXGONZALEZ SERVICE, CORP.

Street Address (P.O. Box Number is Not Acceptable): 4142 W. OAKRIDGE RD

Suite, Apt. #, Etc.: 102

City: ORLANDO | State: FL | Zip Code: 32809

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 08/25/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	BASTIDAS PINEDA CARMEN HELENA	PO BOX 950343	LAKE MARY-FL 32795-0343
VPD	BASTIDAS PINEDA JULIO CESAR	PO BOX 950343	LAKE MARY-FL 32795-0343
S	PINEDA SUAREZ ANA D.	PO BOX 950343	LAKE MARY-FL 32795-0343
D	MAURICIO ANDRES LOPEZ	PO BOX 950343	LAKE MARY FL 32795-0343

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: _____ 08/25/2003 407-376-8673

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

J1 9/30