


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUN 16 AM 11:39

REINSTATEMENT 02-04

DOCUMENT # NO1000002082

1. Corporation Name  
ARCH ANGELS OF SOUTH FLORIDA, INC.

2. Principal Office Address <u>6300 SW 120<sup>th</sup> ST.</u>		3. Mailing Office Address <u>SAME AS 2.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>MIAMI, FLORIDA</u>		City & State	
Zip <u>33156</u>	Country <u>U.S.A.</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 3/26/01

5. FEI Number <u>65-1092651</u>	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name <u>MARIA DE LOURDES PINTO</u>	<u>600038482016</u>
Street Address (P.O. Box Number is Not Acceptable) <u>6300 SW 120<sup>th</sup> STREET</u>	<u>06/30/04--01048--006 **367.50</u>
Suite, Apt. #, Etc.	
City <u>MIAMI</u>	State <u>FL</u> Zip Code <u>33156</u>

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 Maria de Lourdes Pinto Date 6/8/04

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
<u>V/D</u>	<u>ELENA GUTIERREZ</u>	<u>6300 SW 120<sup>th</sup> STREET</u>	<u>MIAMI, FL 33156</u>
<u>S/D</u>	<u>NADINE SMUTNY</u>	<u>SAME AS ABOVE</u>	
<u>T/D</u>	<u>ZLDA ARELLANO</u>	<u>SAME AS ABOVE</u>	

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: Maria de Lourdes Pinto Date 6/8/04 (305) 665-7095

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

CR2E081 (01/04)