

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



99-00AR

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N 96 0000 2789*

1. Corporation Name

IFE ILE, INC

2. Principal Office Address

2611 S.W. 3rd St

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33135

Country

U.S.A.

3. Mailing Office Address

2611 S.W. 3rd St

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33135

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

05/20/96

5. FEI Number

65-0757333

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

F. NERI TORRES

300003169803-5

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

2611 S.W. 3rd St

-03/14/00-01107-025

*****122.50 ****122.50*

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33135

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]

REGISTERED AGENT MUST SIGN

Date

01/29/2000

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
<i>P</i>	<i>F. NERI TORRES D</i>	<i>2611 S.W. 3rd St</i>	<i>Miami, FL 33135</i>
<i>Vice-P</i>	<i>Gilbert K. Squires D</i>	<i>444 Brickell Av. suite 51-422</i>	<i>Miami, FL 33131-2492</i>
<i>Treasurer</i>	<i>Nancy Diaz D</i>	<i>2611 SW 3rd St</i>	<i>Miami, FL 33135</i>

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/2000

Date

(305) 476-0387

Daytime Phone #

CR2E081 (9/99)

Nancy A. Diaz, P.A.

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ACCOUNTANTS
2611 S.W. 3rd STREET
MIAMI, FLORIDA 33135
TELEPHONE: (305) 649-7723
FAX: (305) 649-7846

TO WHOM IT MAY CONCERN:

RE: IFE ILE, INC
DOCUMENT NO.
N96000002789

The reason that we did not file on time the annual report is because we had move the place of business, and we never received any form at the new place. We called reinstatement in three different ocassions and did not receive the form until now January 24, 2000.

Thanks for your help.


Nancy A. Diaz
Accountant