

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
04 FEB 11 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 00000086009

1. Corporation Name

Venezuelan HIGHLANDER CORP.

2. Principal Office Address

10004 NW 80 Ave.

Suite, Apt. #, etc.

City & State

Hialeah Gardens - FL

Zip

33016

Country

USA

3. Mailing Office Address

10004 NW 80 Ave.

Suite, Apt. #, etc.

City & State

Hialeah Gardens - FL

Zip

33016

Country

USA

REINSTATEMENT 03-04
MRS

4. Date Incorporated or Qualified
To Do Business in Florida

9/5/2000

5. FEI Number

65-1054549

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

Miguel A. Garutti

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

16102 SW 104 terr.

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33196

000029298420
02/24/04--01021--023 **937.50

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

2/10/04

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>President</u>	<u>Miguel A. Garutti</u>	<u>16102 SW 104 terr.</u>	<u>Miami, FL. 33196</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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miguel A. Garutti

Date

2/9/04

Daytime Phone #

305-4081300