

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV 20 AM 10:54

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P00000114742**

1. Corporation Name
FIVE ONE FIVE CORP.

Principal Place of Business 515 S.W. 17TH AVENUE MIAMI FL 33135	Mailing Address 515 S.W. 17TH AVENUE MIAMI FL 33135
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.



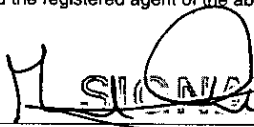
2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable	4. Date Incorporated or Qualified To Do Business in Florida 12/15/2000
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number APPLIED FOR
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	REY, MANUEL	219 ANTILLA AVE #5	CORAL GABLES FL 33134
VD	LLERENA, MARK	333 N.W. 48TH COURT	MIAMI FL 33126

8. Name and Address of Current Registered Agent REY, MANUEL 219 ANTILLA AVE. #5 CORAL GABLES FL 33134	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent  **SIGNATURE REQUIRED** Date _____
 REGISTERED AGENT MUST SIGN

11. 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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)

Date: October 21, 2002

To: Florida Department of state

From: Mark Llerena/Five on Five Corporation

Reference : Five one Five Corp.

Address: 515 SW 17 Ave

Miami, Florida 3135

To whom it may concern,

I just recently received a status of dissolved /revoked letter of My corporation. This corporation has been inactive but however I would like to make sure that it remains active for future purposes. I have not received any other type of notifications in the past and would like to remain active. If you have any further questions you can call me at 305.643.1136 my name is Mark A. Llerena. In addition I am enclosing the required check for the \$150.00 required . Again I apologize for the inconvenience and I will make sure that I am on top of this information in the future.

Thank You,
Mark Llerena


Vice president