

PS 1/92

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 SEP 30 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000134052

1. Corporation Name

Netcare Solutions Inc.

2. Principal Office Address

6540 NW 114 AVE

3. Mailing Office Address

6540 NW 114 AVE

Suite, Apt. #, etc.

1405

Suite, Apt. #, etc.

1405

City & State

Doral, FL

City & State

Doral, FL

Zip

33178

Country

USA

Zip

33178

Country

USA

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida

09/24/2004

5. FEI Number

02-0737672

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 Jorge Becerra

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

6540 NW 114 AVE

Suite, Apt. #, Etc.

1405

City

DORAL

State

FL

Zip Code

33178

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

REGISTERED AGENT MUST SIGN

Date SEP 27/2005

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
P	CLARA M. ALVARADO	6540 NW 114 AVE #1405	Doral, FL 33178
V	Jorge Becerra	6540 NW 114 AVE #1405	Doral, FL 33178
			700060222907 10/04/05--01071--004 **150.00
			700060222907 10/04/05--01071--005 **8.75

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:

Jorge Becerra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEP 27/05
Date

Daytime Phone #

P3 282

TO FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

REF: CORPORATION REINSTATEMENT
DOCUMENT NUMBER P04000134052 NETCARESOLUTIONS INC.

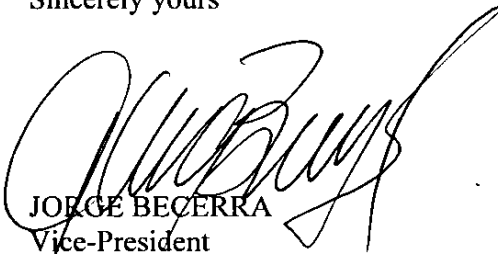
This letter is to inform you that I never received any notification regarding the renewal of my corporation, because of that I was unable to file my annual report on time. Please accept my corporate reinstatement form, and update my status as an active. Also include on your records my current address for future notifications.

NETCARE SOLUTIONS INC.

6540 N.W. 114 AVE # 1405
DORAL, FL 33178

If you have any questions please do not hesitate to call me at any time. My cell phone number is (786) 200-7291.

Sincerely yours



JORGE BECERRA
Vice-President
Netcare Solutions Inc.