


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 MAY 29 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000113461
1. Entity Name
CORE SOLUTIONS ENTERPRISE, INC



Principal Place of Business
1908 NW 208 WAY
PEMBROKE PINNES, FL 33029

Mailing Address
1908 NW 208 WAY
PEMBROKE PINNES, FL 33029

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.


3. Mailing Address
1800 W. 49 St.
Suite, Apt. #, etc.
100

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33012

Country
U.S.



04302008 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent
LEON, ENRIQUE
155 S. MIAMI AV
PENTHOUSE ONE-D
MIAMI, FL 33130

4. FEI Number
APPLIED FOR 20-3303639

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PADILLA, ALEXANDRA 1908 NW 208 WAY PEMBROKE PINES, FL 33029 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PADILLA, ALEXANDRA 1908 NW 208 WAY PEMBROKE PINES, FL 33029 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAICEDO, MARIA M 1908 NW 208 WAY PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Ordoñez, Gustavo 1800 W. 49 St. #100 MIAMI, FL 33029 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900130926079 06/05/08--01043--002 **\$150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Caicedo, Maria M. 1800 W. 49 St. #100 MIAMI, FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	07/06/07 90002 036 <input type="checkbox"/> Change <input type="checkbox"/> Addition \$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 07-08^{ks}

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: 4/30/08 Daytime Phone #: 9545497387

SIGNATURE (NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CORE SOLUTIONS ENTERPRISES, INC.

1800 W. 49 ST. SUITE 100
HIALEAH, FL. 33012

April 30, 2008

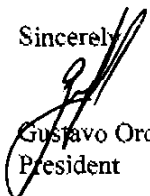
Department Of State
Division Of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

DOCUMENT #: P5000113461

To Whom It May Concern:

This letter is to inform you that we filed our 2007 annual report. Once I contacted the department I was aware that we never received a letter stating that the report was incomplete. Attached you will find a reinstatement form for 2008 along with the \$150.00 for 2008 please credit the \$150.00 which the Department has towards the 2007 report.
Thank you for your attention.

Sincerely,



Gustavo Ordonez
President