

FROM : JOSEPH OLAWALE

FAX NO. : 305 624 1449

Nov. 16 2001 11:21AM P2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

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

**DOCUMENT #** P95000005236

1. Corporation Name  
**HYBRID INVESTMENT CORP.**

2. Principal Office Address  
**9505 S.W. 136 ST.**

3. Mailing Office Address  
**SAME**

4. Date Incorporated or Qualified To Do Business in Florida  
**01/17/1995**

5. FEI Number  
**650553639**

6. CERTIFICATE OF STATUS DESIRED

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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REINSTATEMENT 98-01

7. Name and Address of Current Registered Agent

Name **AUGUSTINE O. AJAGBE** 500004706 205--9

Street Address (P.O. Box Number is Not Acceptable) **9505 S.W. 136 STREET** -12705/01--1 1058--015

Subs. Apt. #, etc. **\*\*\*1200.00** \*\*\*1200.00

City **MIAMI** State **FL** Zip Code **33176**

8. I, being appointed the registered agent of the above named corporation, do hereby accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent *[Signature]* Date **11/16/01**

REGISTERED AGENT MUST SIGN

9. Name and Street Address of Each Officer and/or Director (Florida not profit corporations must list at least 3 directors)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
D/P	AJAGBE, AUGUSTINE O.	9505 S.W. 136 ST.	MIAMI, FL 33176
D/TOR	AJAGBE, ADEYUN	9505 S.W. 136 ST.	MIAMI, FL 33176
D/S	ALLE, OLUNOLE E.	1940 N.W. 119 ST. #822	MIAMI, FL 33167
D	ALLE, MARGARET A.	1940 N.W. 119 ST. #822	MIAMI, FL 33167

10. I certify that I am an officer or director of the member of (please specify) of in connection with 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. No separate action satisfies the requirements of section 607.0505 or 617.0505, F.S., nor do 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)(a), F.S. The information furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* **AUGUSTINE O. AJAGBE** 11/16/01 (305) 754-7388