

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P96000014775

1. Corporation Name
OCHARGO, INC.

Principal Place of Business Mailing Address
8004 NW 154 ST 8004 NW 154 ST
MIAMI LAKES FL 33016 MIAMI LAKES FL 33016
US US

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
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

FILED
99 NOV 15 PM 3: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99

4. Date Incorporated or Qualified To Do Business in Florida 02/16/1996 SP
5. FEI Number 65-0647815 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$5.75 Additional Fee required for each 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	OCHOA, IVAN D	10340 S.W. 154TH PLACE #41	MIAMI FL 33198
VDST	ARGUELLO, RODRIGO	10340 S.W. 154TH PLACE #41	MIAMI FL

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-12/08/99--01003--023
***750.00 ***750.00

8. Name and Address of Current Registered Agent
VENTURA, ENRIQUE J
999 PONCE DE LEON BLVD.
SUITE 1110
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent
Name: Rodrigo Arguello
Street Address (P.O. Box Number is Not Acceptable): 8004 NW 154 ST
Suite, Apt. #, Etc.:
City: Miami, FL State: FL Zip Code: 33016

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.
Signature of Registered Agent: [Signature] REGISTERED AGENT MUST SIGN Date: 11/14/99

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 Date: 11/14/99 (305) 512-3646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR22040 (8/99)