


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 AUG -2 PM 12:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
DOCUMENT # <u>1917000094332</u>																																	
1. Corporation Name <u>SBC ASSOCIATES GROUP, CORP.</u>																																	
2. Principal Office Address <u>11647 SW 32 AVE</u> Suite, Apt. #, etc. <u>MIA FIA</u> City & State <u>MIA FIA</u> Zip <u>33145</u>		3. Mailing Office Address <u>11647 SW 32 AVE</u> Suite, Apt. #, etc. <u>MIA FIA</u> City & State <u>MIA FIA</u> Zip <u>33145</u>		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																													
7. Name and Address of Current Registered Agent Name <u>CARLOS ROJAS</u> Street Address (P.O. Box Number is Not Acceptable) <u>11647 SW 32 AVE</u> Suite, Apt. #, Etc. City <u>MIA</u> State <u>FL</u> Zip Code <u>33145</u>																																	
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 <u>[Signature]</u> X Date _____ REGISTERED AGENT MUST SIGN																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																	
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>President</td><td>CARLOS ROJAS</td><td>11647 SW 32 AVE</td><td>MIA FIA 33145</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	President	CARLOS ROJAS	11647 SW 32 AVE	MIA FIA 33145																				
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President	CARLOS ROJAS	11647 SW 32 AVE	MIA FIA 33145																														
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)(l), 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: <u>[Signature]</u> X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____																																	

CR2E081 (01/05)