

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 03 JAN -2 AM 8:01

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000004247

1. Corporation Name  
 HIDALGOS SERVICES CORP.  
 11365 NW 7TH STRREET SUITE 104

2. Principal Office Address  
 11365 NW 7TH STREET

3. Mailing Office Address  
 SAME

Suite, Apt. #, etc.  
 104

Suite, Apt. #, etc.  
 same

City & State  
 MIAMI

City & State  
 FLORIDA

Zip Country  
 33172 USA

Zip Country  
 33172 USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
 # 65-1085877

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  
 Ramon B. Canas

Street Address (P.O. Box Number is Not Acceptable)  
 11365 NW 7TH STR.

Suite, Apt. #, Etc.  
 104

City  
 MIAMI

State  
 FL

Zip Code  
 33172

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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 *[Signature]* PRES Date 11-15-02

REGISTERED AGENT MUST SIGN

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
VP	RAINEL R. CANAS	7365 SW 139TH CT	MIAMI FL 33183

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: *[Signature]* Rainel R. Canas VP.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/18/02 (386)255-3018  
 Daytime Phone #

CR2ED081 (9/01)

11/17/03