

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

pg 1 of 2

~~CORPORATION~~
~~REINSTATEMENT~~



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

99-00AR

FILED
00 MAY -5 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

DOCUMENT # 0986000073966

1. Corporation Name
THE LOCO MOUSE COMPANY

2. Principal Office Address
893 NW 123RD. COURT
Suite, Apt. #, etc.

3. Mailing Office Address
893 NW 123RD. COURT
Suite, Apt. #, etc.

City & State
MIAMI, FL.

Zip Country
33182 U.S.A.

7. Name and Address of Current Registered Agent

Name
ADALBERTO M. QUESADA

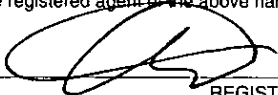
Street Address (P.O. Box Number is Not Acceptable)
893 NW 123RD. COURT

Suite, Apt. #, Etc.
-

City State Zip Code
MIAMI FL 33182

500003251035-1
-05/12/00--01104--005
****300.00--****300.00

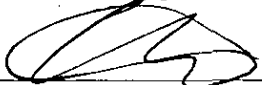
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date _____

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
P	ADALBERTO M. QUESADA	893 NW 123RD. COURT	MIAMI, FL. 33182
			SP

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:  ADALBERTO M. QUESADA 05/02/00 (305) 554-7904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)

98292

April 7, 2000

FL. DEPARTMENT OF STATE
Division of Corporations
P.O.Box 6327
Tallahassee, Fl. 32314

Ref.: "THE LOCO MOUSE COMPANY"
DOCUMENT # P98000073966

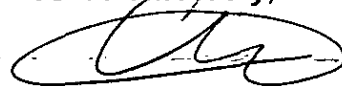
Dear Sirs,

Attached please find my check No. 7641 for fees in the amount of \$150.00 payable to the Department of State.

Through a friend I have known that annually your Division uses to send a printed form showing details of the Corporation to let payment of a renewal fee in the amount of \$150.00 each year. I have not received your printed form for 1999 and therefore I assume that I am owing 1999 renewal fee.

I shall highly appreciate if you can have the one corresponding to the current year at your earliest convenience.

Yours sincerely,



ADALBERTO M. QUESADA
PRESIDENT