

FLORIDA DEPARTMENT OF STATE
APPLICATION FOR REINSTATEMENT
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 04 APR 28 AM 10:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # *P98000078951*
 1. Corporation Name
Leyva Corporation

Principal Place of Business Mailing Address

2. Principal Place of Business	2a. Mailing Address
21 1428 Brickell Avenue	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 206	27
City & State	City & State
23 Miami FL	28
Zip	County
24 33131	25
	29
	30

3. Date Incorporated or Qualified	3a. Date of Last Report
9/11/1998	
4. FBI Number	Applied For
applied for	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name Julio Manguart
	82 Street Address (P.O. Box Number is Not Acceptable) 1428 Brickell Avenue
	83 Suite 206
	84 City Miami
	85 Zip Code FL 33131

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Julio Manguart* Julio Manguart **DATE** 4/26/04

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P. D. <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOSE ANTONIO LEYVA CRUMP	1.2 NAME
STREET ADDRESS 1428 Brickell Avenue	1.3 STREET ADDRESS 900035786649
CITY-ST-ZIP Miami, FL 33131	1.4 CITY-ST-ZIP 05/07/04--01095--020 **\$8.75
TITLE D. <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSALIN DE HART DE LEYVA	2.2 NAME
STREET ADDRESS 1428 Brickell Avenue	2.3 STREET ADDRESS 900035786649
CITY-ST-ZIP Miami, FL 33131	2.4 CITY-ST-ZIP 05/07/04--01095--021 **1050.00
TITLE D. <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARLA PATRICIA LEYVA DE HART	3.2 NAME
STREET ADDRESS 1428 Brickell Avenue	3.3 STREET ADDRESS
CITY-ST-ZIP MIAMI FL 33131	3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS REINSTATEMENT
CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, or on attachment with an address.

SIGNATURE *Julio Manguart* Julio Manguart **DATE** 4/26/04 **DAYTIME PHONE #** 305-372-8889

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR