

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

102  
ATX1

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 APR -4 PM 4:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000081451

1. Corporation Name

RENE A REYES CORPORATION

2. Principal Office Address

20320 NW 42 AVE

Suite, Apt. #, etc.

City & State

MIAMI GARDENS, FL

Zip

33055

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 05-06 RSC

CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

5/21/2004

5. FEI Number

20-1154782

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

REYES, RENE A

Street Address (P.O. Box Number is Not Acceptable)

20320 NW 42 AVE

Suite, Apt. #, Etc.

City

MIAMI GARDENS

State

FL

Zip Code

33055

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]*

Date

3/29/2006

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
P	REYES, RENE A	20320 NW 42 AVE	MIAMI GARDENS, FL 33055
VP	SEIJO, REINO	12401 W OKEECHOBEE RD LOT 369	HIALEAH GARDENS, FL 33018
S	HERNANDEZ, MARCELINO	4636 SW 136 PL	MIAMI, FL 33175

000070961830  
04/19/06--01034--023 \*\*300.00

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]* RENE A REYES, PRESIDENT

3/29/2006

(786) 709-5110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

292

RENE A REYES CORPORATION

20320 NW 42 Ave  
Miami Gardens, FL 33055

March 29, 2006

Florida Department of State  
P.O Box 6327  
Tallahassee, Florida 32314

Subject: RENE A REYES CORPORATION

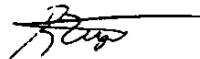
Ref: P04000081451

Enclosed please find the 2005 Application for Reinstatement, along with the payment of \$150.00, together with the payment for 2006.

We wish to request a waiver of the reinstatement fee, because we had not realized that such payment was due, not having received the notice for that year.

We thank you for your understanding.

Sincerely,



Rene A. Reyes  
President