PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	07 JUN 18 AM 9: 09 SECRETARY OF STATE
		TALLAHASSEE, FLORIDA
DOCUMENT # P97000	009697	
ALBERT FLORES CO.	USTRUCTION, INC	19,2
REINSTATEMENT 03-07 RS 2. Principal Office Address 3. Malling Office Address 3. Malling Office Address 3. Malling Office Address		
2 Principal Office Address 108 W. 2nd ST.	3. Malling Office Address 2822 S, ALAFAYA TRU	-1211111 03-07 RS
Suite, Apt. #, elc. Sv 178 203	Suite, Apl. #, etc. STE 160	4. Date Incorporated or Qualified
City & State	City & State	To Do Business in Florida : 5. FEI Number Applied For
Los Angeles, CA.	ORLANDO, FC	5. FEI Number Applied For Not Applicable
	32828 US	GERTIFICATE OF STATUS DESIRED S8.75 Additional For required for a Contificate of Status
7. Name and Address of Current Registered Agent		
Name MICHAGLANGGLO HIJADA Street Address (P.O. Box Number Is Not Acceptable) 2822 S. ALAGAYA TOL. Suite. Apt. #, Etc. SVITE 160		
CILY ORLANDO		State Zip Code FL 32528
B. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0508, F.S. Signature of Registered Agent Date Date Date		
Signature of Registered Agent Date 6 / 6 / 7		
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	On Inch 17
P TRENT CAMERON	108 W. 2"d St. S	OVITE 203 LOS ANGELES, CA. 90012
		05/21/07-1001F-002 #750.00
10. I certify that I am an officer or director or the receiver or trustae 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 AND TYPED OR PR	I RENT CAMERON UNTED NAME OF SIGNING OFFICER OR DIRECTOR	6 16 7 818 - 256 - 9318 Date Daylime Phono #

Document corrected per Warre Cap. Conn. ocs

Michaelangelo Hijada Albert Flores Construction, Inc 2822 South Alafaya Trail Suite 160 Orlando, FL. 32801

Tel: 407-705-2622 Fax: 407-386-7436

rax: 407-380-7430

Date: June 16th 2007

Attn: Department of State Division of Corporations

Please be advised that Albert Flores Construction, Inc. has not received any mailings or correspondents from the state. Since 2003, the address that the state currently registered is incorrect. The correct address is: 2822 South Alafaya Trail Suite 160, Orlando, FL. 32828

As a result of this, we have not received any mailings regarding annual fees/dues. We would greatly appreciate the State waving any penalties that have been assessed. Thank you for your cooperation on this matter.

Sincerely,

Michaelangelo Hijada