PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN -2 PM 5:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700020936347
06/17/03--01065--008 **1050.00

DOCUMENT # P03000388345

1. Corporation Name

CESPEDES AND ASSOCIATES, INC.

2. Principal Office Address	3. Mailing Office Address
717 PONCE DE LEON BLVD.	
Suite, Apt. #, etc.: SUITE 234	Suite, Apt. #, etc.:
City & State: CORAL GABLES, FL	City & State:
Zip: 33134 Country:	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 1975

5. FEI Number: 59-1378179 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED: X

7. Name and Address of Current Registered Agent

700020936347
06/17/03--01065--009 **3.75

Name: FRANK R.S. FABRE

Street Address (P.O. Box Number is Not Acceptable): 717 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.: SUITE 234

City: CORAL GABLES State: FL Zip Code: 33134

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 FRANK R.S. FABRE Date: 5-29-03

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/D	CESPEDES, ERNESTO	717 PONCE DE LEON BLVD	CORAL GABLES, FL 33134
S	CESPEDES, GLADYS	717 PONCE DE LEON BLVD	CORAL GABLES, FL 33134
VP	BOLOOKI, HAMID	351 NW LE JEUNE RD	MIAMI, FL 33126

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 complete, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: 5-28-03 Date 305 389 0661 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ERNESTO CESPEDES