

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 11 PM 2:11

DOCUMENT # 573677

1. Corporation Name

CONESA ENTERPRISES INC

2. Principal Office Address

8370 W. FLAGLER ST

Suite, Apt. #, etc.

#140

City & State

MIAMI.

Zip

33144

Country

U.S.

3. Mailing Office Address

SAME - N/A

Suite, Apt. #, etc.

N/A

City & State

N/A

Zip

Country

N/A

REINSTATEMENT

97-00

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 25, 1978

5. FEI Number

59-1915087

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

JOHN W. PEREZ

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

8370 W. FLAGLER ST #140

Suite, Apt. #, Etc.

#140

City

MIAMI.

State

FL

Zip Code

33144

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

John W. Perez

REGISTERED AGENT MUST SIGN

Date 9/7/2000

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
Pres	JOHN W. PEREZ	10745 SW 32 ST.	MIA - FL. 33161
VP.	ROGER PEREZ	10745 SW 32 ST	MIA FL. 33165
STO	NERIDA PEREZ	10745 SW 32 ST	MIA. FL. 33161

AD

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. Perez

9/07/2000

Date

305-226-1797

Daytime Phone #

CR2E081 (9/99)