

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


03 MAY 21 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900020250069
05/29/03--01011--020 **900.00

REINSTATEMENT 02-03

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 651968

1. Corporation Name

O & W ENTERPRISES, INC.
8040 N.W. 33RD STREET
MIAMI FL 33122

2. Principal Office Address

SAME

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

1986

5. FEI Number

592767325

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

DANIEL DELGADO

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

8040 N.W. 33 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

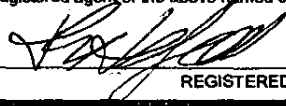
FL

Zip Code

33122

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

Date

5/14/03

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
V.P.	DANIEL DELGADO	8040 N.W. 3RD STREET	MIAMI, FL 33122
P.D.	JOSE OJALVO	8040 N.W. 3RD STREET	MIAMI, FL 33122

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

Date

5/14/03

Daytime Phone #

305-793-5778

CR2E081 (10/02)

21 5/27