PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF ST Secretary of State DIVISION OF CORPORATIONS	ATE	FILED 05 FEB 11 PM 12: 14	
DOCUMENT# 7	68965		SECRETARO DITATE TALLAHASSEE, FLORIDA	
1. Corporation Name	MOININGGROOM		1 (*) Am ber (*) 1 (1 + 20 + 20 + 20 + 20 + 20 + 20 + 20 + 2	
Associano	م , ،مدد	HA.		
	WO4-5069	AE!	NSTATEMENT_oc)-05
2. Principal Office Address	3. Mailing Office Address			The state of the s
14641 3W 83' CT. Suite, Apt. #, etc.	14641 SW 87 CT.	02/05	5/04 01016 006 \$542	<u>0.00</u>
			rporated or Qualified siness in Florida	
City & State	City & State			or
MIGMI, FLORIDA Zip Country	Zip Country	59	- 248 7466 Not Appli	
33A6	33176	6. CERTIFICAT	TE OF STATUS DESIRED S8.75 Additional Fee re for a Certificate of St	equired latus
7. Name and Address of Current Registered Agent				
Name ALFRED GUE Street Address (P.O. Box Number is 1464 Sw 8 Suite, Apt. #, Etc.				
City		<u> </u> -	State Zip Code FL 33 (76	
8. I, being appointed the registered agent of the al	bove named corporation, am familiar with and acc	 	<u> </u>	<u>7</u>
Signature of Registered Agent		Date 12 28 04	CR2E081 (01/04)	
9. Names and Street Addresses of Each Officer a	REGISTERED AGENT MUST SIGN	t list at least 3 directors)		-
Titles Name of Officers and/or Directo	Street Addres	s of Each	City / State / Zip	
P RODOLFO HERNANDE	881 OCEA- DEN 2 #15A - KEY BISC	ie 44NC IFL 33149	t	
T ALPRES GUERRER		33176		
		. os/to	00047786261 705-01005-005 **122.50	
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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 filling 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: A FRED GUERRERO 12 28 04 (305) 254-0244				
SIGNATURE: A LFRED GUERREZO 12/28 04 (305) 254-0244 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				