


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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 REINSTATEMENT
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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name
 Tikal Inc.
 F09779

2. Principal Office Address
 706 Crandon Blvd.
 Suite, Apt. #, etc.

3. Mailing Office Address
 706 Crandon Blvd.
 Suite, Apt. #, etc.

City & State
 Key Biscayne, FL

City & State
 Key Biscayne FL

Zip Country
 33149 USA

Zip Country
 33149 USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
 59-2065350

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
 Ellen Haug

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

Suite, Apt. #, Etc.

City
 Key Biscayne, FL

State
 FL

Zip Code
 33149

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
 Ellen Haug

REGISTERED AGENT MUST SIGN

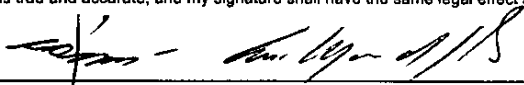
Date
 7/12/05

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
PID	Mario Lopez Estrada	706 Crandon Blvd.	Key Biscayne, FL 33149
SID	Ana Maria de Lopez	706 Crandon Blvd.	Key Biscayne, FL 33149

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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 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
 7/12/05

Daytime Phone #

CR2E081 (07/05)