1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 06 JAN -4 711 6:21
DOCUMENT # F980000 216		SECRET TALLAHAUSLE, FÜRIJA	
1. Corporation Name INVESTMENT			
eonsultonts.		1	
ENTEN PRISES, "INC			
2. Principal Office Address 9455W8704	3. Mailing Office Address 9455w 87az	REING	STATEMENT 03-06 CRZEO81 (8/05)
Suite, Apt. #, otc.	Suite, Apt. #, etc.	A. Date Incom	orated or Qualified
City & State	City & State		ness in Florida 04 14 98
missai El	Mioni Fl	5. FEI Number	Aphied For Not Applicable
33174 USA	2ip Country 33174 USA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name FELIX RAPOSO			
Street Address (P.O. Box Number is	lot Acceptable) 945 CiD	2 83	200 f
Suite, Apt. #, Etc.			
City MIDNO			State Zip Code FL 33 144
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 Date 12/29/05			
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 for Directors	Street Address of Eac Officer and/or Direct		City / State / Zip
P FELIX RAP	48 WB 249 020	25	mioni #1 33174
		01/18	/0601079029 **600.00
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: (2) 9/65.			
SIGNATURE AND TYPE OR FUNTED HAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #			

F98-2116 114106

INJESTMENT CONSULTONTS. ENTENDINSE 945 SW 87 AVENUE MIAMI, FLORIDA 33174

December 19, 2005

Division of Corporation Uniform Business Report P.O. Box 1500 Tallahassee, Fl 32302-1500

Gentlemen:

This letter is to inform you that we never received the original forms for Annual Report to be file before May 1st, _____ 2003, 2004 and 2005 and neither the Note of Dissolution, because we were traveling in and out of Miami for business purposes, and must of our correspondence were lost in the mail, also as you can see, we change our address since 2002. We will appreciate very much if you accept our check in the amount of \$ 600.00 as payment of the Corporation Uniform Business Report for the four years missing.

We thank you for your cooperation to resolve this matter.

THE ...

Sincerely your:

Felix Raposo President