PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION STATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	F!LED 05 AUG -3 PM 12: 03
DOCUMENT # 686886 1. Corporation Name CURRUD ENTER PRISES, IAC.			SEUL TALLAHASSEE, FLORIDA
	CULRUD CI	1010 p/1303, 2110.	REMINISTRATEMENTS8-05
2. Principal Office Address (800 5 W 405)		3. Mailing Office Address 6800 SW 40S+	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Suite, Apt. #, etc. # 416		Suite, Apt. #, etc. 426	4. Date Incorporated or Qualified To Do Business in Florida 2-29-1984
City & State City & Country		City & State All Mic Zip Country	5. FEI Number Applied For Not Applicable
3315	N. T.	33155 DADE	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent			
Name Raimondo Cuerno			
	Street Address (P.O. Box Number is Not Acceptable) 2350 CONAL WAY		
	Suite, Apt. #, Etc.		
	City Megning		State Zip Code FL 33145
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 7-25-05 REGISTERED AGENT MUST SIGN			
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 Eac Officer and/or Directo	
ρ	Rainouso Cuero	0 2350 Coral way	Mean, FR 33145
			900058631899 08/16/0501006007 **2865.00
			900058631899 08/16/0501006008 ***80,00
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: Carm unclo Caro 7/25/05 305-796-6383			