PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVASION OF CORPORATIONS	F(L.E.T) 05 OCT 14 P(14:31
DOCUMENT #) 10424		CTOLET! ATE
INCOMVENSA, CORP.		·
2. Principal Office Address 1720 N.W. 36 AVE.	3. Mailing Office Address 1720 N.W. 36 AVE.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date incorporated or Qualified
City & State	MIAMI, FL.	5. FEI Number Applied For Not Applicable
33125 Country USA	33125 Country USA	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Foe required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name CARLOS SAN ANDRES		
Street Address (P.O. Box Number is Not Acceptable)		
1720 N.W. 36" Ave. 10/14/0501871025 **2488.15		
odic, Apr. V. Cic.		
City		State Zip Code FL 33/25
8. It, 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 Carlos San andres		bligations of section 607.0505 or 617.0503, F.S Date
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 Each Officer and/or Director	
P,S,D CARLOS SAN AN	1720 N.W. 36	Ave. miami, Fl. 33125
199203		
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: Carlos San andres 10/7/05 305-635-9255 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #		
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