

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



97-99AR
DEPARTMENT OF STATE
Sandrine B. ...
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY 24 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 695544

1. Corporation Name
FAUSTINO CORPORATION

Principal Place of Business Mailing Address
18503 S. Dixie Hwy 18503 S. Dixie Hwy
MIAMI FL. 33157 MIAMI FL. 33157

REINSTATEMENT 97-99@

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 6-15-1981	
Suite, Apt #, etc.		Suite, Apt #, etc.		5. FEI Number 65-0124875	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	FAUSTINO Izquierdo	20621 SW 117 Ave	MIAMI, FLA. 33177
S	FRANCISCA Izquierdo	20621 SW 117 Ave	MIAMI, FLA. 33177

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FAUSTINO IZQUIERDO
1520 NE 8th
HOUSTON, FL. 33177

Name FAUSTINO Izquierdo
Street Address (P.O. Box Number is Not Acceptable)
18503 S. Dixie Hwy
Suite, Apt #, Etc.

City MIAMI State FL Zip Code 33157

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [Signature] REGISTERED AGENT MUST SIGN

Date 5/20/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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] FAUSTINO Izquierdo Date 5/20/99 305-259-0404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E(40) (1/98)

LUIS CRUZ
Attorney at Law
7950 West Flagler Street
Suite 104
Miami, Florida 33144
305-261-2971
fax 305-264-4447

May 20, 1999

Department of State
Division of Corporations
P.O. BOX 6327
Tallahassee, Fl 32314

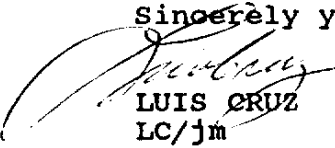
**RE: REINSTATEMENT AND CERTIFICATE OF GOOD STANDING FOR
FAUSTINO CORPORATION, CORPORATION NO. K95544**

Dear Sir/Madam:

We enclose the APPLICATION FOR REINSTATEMENT and check in the sum of \$1058.75 for the reinstatement and certificate of status of said corporation.

We appreciate your cooperation and prompt attention to this matter.

Sincerely yours,



LUIS CRUZ
LC/jm
Encs.