

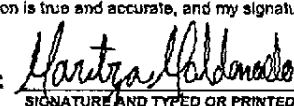


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
APR 17, 2006 08:00 AM
Secretary of State

 <p>CORPORATION FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</p>		<p>DOCUMENT # L04000012396</p> <p>1. Corporation Name</p> <p>EDRAL ENTERPRISES, LLC</p>																									
<p>2. Principal Office Address</p> <p>631 NW 45th Ave</p> <p>Suite, Apt. #, etc.</p>		<p>3. Mailing Office Address</p> <p>631 NW 45th Ave</p> <p>Suite, Apt. #, etc.</p>																									
<p>City & State</p> <p>Miami, FL</p>		<p>City & State</p> <p>Miami, FL</p>																									
<p>Zip</p> <p>33126</p>	<p>Country</p> <p>Miami-Dade</p>	<p>Zip</p> <p>33126</p>	<p>Country</p> <p>Miami-Dade</p>																								
<p>4. Date Incorporated or Qualified To Do Business in Florida</p>		<p>5. FEI Number</p> <p>20-0740106</p>																									
<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></p>		<p><input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</p>																									
<p>7. Name and Address of Current Registered Agent</p> <p>Name: Jorge L Banos</p> <p>Street Address (R.O. Box Number is Not Acceptable): 631 NW 45th Ave</p> <p>Suite, Apt. #, Etc.</p> <p>City: Miami, FL State: FL Zip Code: 33126</p>																											
<p>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.</p> <p>Signature of Registered Agent:  Date: 04/11/2006</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																											
<p>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Titles</th> <th style="width:30%;">Name of Officers and/or Directors</th> <th style="width:30%;">Street Address of Each Officer and/or Director</th> <th style="width:30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>Maritza Maldonado</td> <td>631 NW 45th Ave</td> <td>Miami, FL 33126</td> </tr> <tr> <td>MGR</td> <td>Rafael Lossada</td> <td>631 NW 45th Ave</td> <td>Miami, FL 33126</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	MGR	Maritza Maldonado	631 NW 45th Ave	Miami, FL 33126	MGR	Rafael Lossada	631 NW 45th Ave	Miami, FL 33126												
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<p>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 contained in Chapter 119, 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.</p> <p>SIGNATURE:  MARITZA MALDONADO Date: 04/11/2006 Daytime Phone #: (786) 299 6813</p> <p style="text-align: center; font-size: small;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>																											