

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M30160**

1. Corporation Name

**AUTOMATED IDEAS, INC.**

2. Principal Office Address

**3900 NW 79 AVE**

Suite, Apt. #, etc.

**# 474**

City & State

**Miami, FL**

Zip

**33166**

Country

**USA**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

02 MAY 15 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400005610974--3

-05/27/02--01003--014

\*\*\*\*450.00 \*\*\*\*450.00

4. Date Incorporated or Qualified  
To Do Business in Florida

**1986**

5. FEI Number

**59-266 1853**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**MAURICIO ANCADILLO, JD**

Street Address (P.O. Box Number is Not Acceptable)

**9703 S. DIXIE Hwy #200**

Suite, Apt. #, Etc.

**SUITE #20, FIRST FLOOR**

City

**Miami**

State  
**FL**

Zip Code

**33156**

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date **5/13/02**

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	City / State / Zip
<b>D</b>	<b>O. VILA</b>	<b>3900 NW 79 AVE #474</b>	<b>Miami, FL 33166</b>

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/2/02**

Date

**305-597-0101**

Daytime Phone #

CR2E081 (9/01)

# AUTOMATED IDEAS, INC

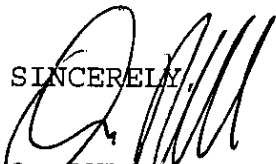
282

5/14/2001

ATTN: DEPT OF STATE

ENCLOSED PLEASE FIND OUR REINSTATEMENT OF OUR CORPORATION  
AUTOMATED IDEAS, INC. WE HAD NOT RECEIVED THE REINSTATEMENT  
PAPERWORK AS WE HAD MOVED FROM ONE LOCATION TO ANOTHER.

SINCERELY,



O. RUBEN VILA

AUTOMATED IDEAS, INC.  
3900 NW 79 AVE, #474  
MIAMI, FL 33166  
PHONE: 305-597-0101  
FAX: 305-597-2606