

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N00000003966			
1. Corporation Name FESTIVAL TAINO, INC.			
2. Principal Office Address 12529 Belrose Avenue Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Orlando, Florida		City & State	
Zip 32837	Country U.S.A.	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 06/09/2000		5. FEI Number 59-3408710	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Name and Address of Current Registered Agent			
Name Raphael Cosme			
Street Address (P.O. Box Number is Not Acceptable) 12529 Belrose Avenue			
Suite, Apt. #, Etc.			
City Orlando		State FL	Zip Code 32837
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 11/16/01	
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	City / State / Zip
P(D)	Raphael Cosme	12529 Belrose Avenue	Orlando, Florida 32837
V(D)	Dora Casanova	685 S. Cr. 427	Longwood, Florida 32750
V(D)	Justina Gonzalez	P.O. Box 160135	Orlando, Florida 32816
S(D)	Perla Medina	12523 Belrose Avenue	Orlando, Florida 32837
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)(f), 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:		11/16/01	407-888-3220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 17 AM 10:00

05/31/01 90005 046 \$70.00

CR2001 (8/00)



Las Americas Museum of Art



November 14 , 2001

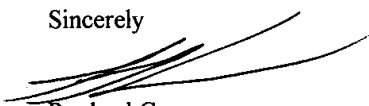
Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom it may Concern:

The purpose of this letter is to let you know that by April of this year I spoke with a person of the Department of Corporations and said a form was delivered to the wrong address of P.O. Box 770781; this address was corrected by our organization in January but the department never up-date that information, then by that time after the address was corrected by this person in the computer I sent a check for the renewal form, again at the present when I checked the Department through the internet our organization still in the inactive status, then for the second time I'm sending the correct address to the Department with the form of Corporation Reinstatement.

Please help me in this matter.

Sincerely


Raphael Cosme
President

Please reply any information to:

Las Americas Museum of Art / Festival Taino, Inc.
12529 Belrose Avenue
Orlando, Florida 32837