

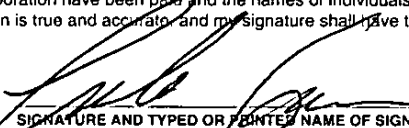


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N02000002601			
1. Corporation Name Miami Chamber of Commerce			
2. Principal Office Address 1121 Crandon Blvd F1201 Suite, Apt. #, etc. F1201 City & State Key Biscayne FL Zip 33149 Country DADE		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida		5. EEL Number 510416067 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name CARLOS GARCERAN			
Street Address (P.O. Box Number is Not Acceptable) 1121 Crandon Blvd			
Suite, Apt. #, Etc. F1201			
City Key Biscayne FL		State FL	Zip Code 33149
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 8-30-05	
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
D	CARLOS GARCERAN	1121 Crandon Blvd	Key Biscayne FL 33149
D	Julio Chen	14801 S. 14th Terr	Miami FL 33196
D	Hilda Garceran	4385 W. 12th Lane #C Hialeah FL 33012	Hialeah FL 33012
REINSTATEMENT 04-08			
200059871182 09/22/05--01041--006 **122.50			
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 GARCERAN Date 8-30-05 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E081 (01/05)

To Whom it May Concern:

August 29, 2005

I have never recieved any notices
for reinstatement. Please reinstate

Co: Document # NO2000002601

FEI # 510 416061

Miami Chamber of Commerce

A handwritten signature in cursive script, appearing to read "Carlos J. Garcia", written in dark ink.