PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS 08 APR 30 AM 9: 27			
DOCUMENT # NO30000 1. Corporation Name Barra Cuda Touch					
2. Principal Office Address - No P.O. Box #					
19662 SW 170th Avenue		CR2E081 (12/07)			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date incorporated or Qualified			
City & State	City & State	To Do Business in Florida 3/12/7003			
Miami, FL	Miami, FL 33257-0878	5. FEI Numbe		Applied For	
Zip Country	Zip Country	6 12 1	81696	Not Applicable	
33177 U.S.	33257-0878 U.S.	CERTIFICATE	OF STATUS DESIRED (\$ 58.75 for a	Additional Fee required Certificate of Status	
7. Name and Address of Current Registered Agent				·	
Name Daniel Monroe Street Address (P.O. Box Number is Not Acceptable) 19662 Sw 170th Av. Suite, Apt. #, Etc. City Miami	<u>.</u>	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
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 4-25-08					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip	
P Monroe Jr, Da	niel 19662 SW 1204	19662 SW 1204 Avenue		33177	
SID Monroe, Connie 19662 Sw. 120th.			Miami, FL	33177	
D Freudlich, Davi		th_ server	Miani, FL	33126	
VP/1 1.1aca, Carlos	14055 SW 10	Trenco	e Miami FL	33176	
12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
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. SIGNATURE: A - 25 - 08					