


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000011519		
1. Entity Name CIELOS ABIERTOS INTERNACIONAL, INC.		

Principal Place of Business 9353 SW 152 AVE MIAMI, FL 33196	Mailing Address 9353 SW 152 AVE MIAMI, FL 33196
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2. Principal Place of Business - No P.O. Box # 14100 SW 144th Avenue	3. Mailing Address 14100 SW 144th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, FL	City & State Miami, FL
Zip 33186	Zip 33186
Country USA	Country USA

FILED
08 OCT 31 AM 11:56
CLERK OF STATE
TALLAHASSEE, FLORIDA

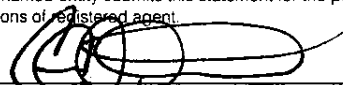


10302008 REIN-NP CR2E099 (1/07)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MALDONADO, GUILLERMO 9353 SW 152 AVE MIAMI, FL 33196	7. Name and Address of New Registered Agent Name: CARLOS ACOSTA Street Address (P.O. Box Number is Not Acceptable): 14100 SW 144th Avenue City: Miami FL Zip Code: 33186
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

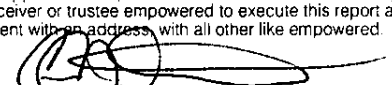
SIGNATURE:  Director DATE: 10/30/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALDONADO, GUILLERMO 9353 SW 152 AVE MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400137523954 10/31/08--01021--001 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MALDONADO, ANA G 9353 SW 152 AVE MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEJARDEN, GABRIEL 10770 N KENDALL DRIVE #H-8 MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TORRES, RAQUEL 11405 NW 7 STREET #105 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACOSTA, CARLOS A 16362 SW 62 TERRACE MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUM, SANDRA 4947 SW 142 CT MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 10/30/08 DAYTIME PHONE #: 305-382-3171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/03