PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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		PRATION ATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILED 06 JUN 20 (210:03					
DOCUMENT # N14779 1. Corporation Name						SECNED COMPANY DESCRIPTION OF TALLABOVE COMPANY DESCRIPTION OF THE SECOND OF THE SECON					
EX CLUB, INC.						YR					
2. Principal Office Address 301 S.W. 63TH COURT 301 S.				ffice Address W. 63TH COURT		NIER	STA	CR2EO81 H2		04-06	
Suite, Apt. #, etc. Suite, Apt. #,			atc.		4. Date Incorporated or Qualified To Do Business in Florida 05/06/1986						
		City & State	y & State NIAMI FL		5. EL Number Applied For Not Applicable						
² 3314	4	ŰŠ	3314	4	Û්\$°		6. CERTIFICATE OF STATUS DESIDED \$8.75 Addition		al Fee required ate of Status		
	7. Name and Address of Current Registered Agent EVA ROSETE 30 10 5.W. 63TH COURT Suite, Apt. #, Etc. State FL 33144										
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 REGISTERED AGENT MUST SIGN Date JUNE 19 2006											
9. Names	and Street A	dresses of Each Officer and	/or Director (Flo	orida nonpro	fit corporation	ns must list at le	ast 3 directors)		4		
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director				City / S	State / Zip			
DP	EVA ROSETE		301 S.W. 63TH COU			OURT	T MIAMI FL 33144				
VD	SALVADOR SUBIRA		4800 NW 6TH ST			ST	MIAMI FL 33126				
VD	ANGEL CUADRA		154 SW 17 AVE #307			MIAMI FL 33135					
VD	RAUL PINTADO 2694			4 W 70 PL			HIA	LEAH	FL 33	016	
									7716 0105302		23.75
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 filling 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: SIGNATURE AND TYPED CAPPRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Description 107, F.S. I further certify that when filling this reinstatement application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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.											

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TO: DIVISION OF CORPORATION P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEARS OF 2004, 2005 AND ALSO 2006 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

EVA ROSETE

DIRECTOR