1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36428

1. Corporation Name
BELMONT TRAINING AND EMPLOYMENT CENTRE INC.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
633 N.E. 167 Street	Same
Suite, Apt. #, etc. #910	Suite, Apt. #, etc.
City & State North Miami Beach, Fl.	City & State
Zip 33162 / County Dade	Zip / County

4. Date Incorporated or Qualified To Do Business in Florida 01/29/1990

5. FEI Number 650277752 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: Mejia Korolkan
Street Address (P.O. Box Number is Not Acceptable): 1101 Bay Drive
Suite, Apt. #, Etc.:
City: Miami — State: FL — Zip Code: 33141

8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent _____ Date 8-18-04
REGISTERED AGENT MUST SIGN

CR2E031 (01/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T/D	Mejia Korolkan	1101 Bay Drive	Miami Beach, Fl. 33141
VP	Joseph Marc Dr.	19100 N.W. 10th Avenue	Miami, Fl.

10. I certify that I am an officer or director of 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 that signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ Mejia Korolkan 8-18-04 305 650-0873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State, Division of Corporations

TOTAL P.02

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Florida Department of State

Division of Corporations
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CORPORATION REINSTATEMENT

BELMONT TRAINING AND EMPLOYMENT CENTER INC.

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