


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED
02 JAN 16 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000000427

1. Corporation Name

Alilo Corporation

700004785337--2
-01/22/02--01006--010
****908.75 ****908.75

2. Principal Office Address 901 Pnce De Leon Blvd.		3. Mailing Office Address 901 Ponce De Leon Blvd.	
Suite, Apt. #, etc. Suite 603		Suite, Apt. #, etc. Suite 603	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33134	Country U.S.A.	Zip 33134	Country U.S.A.
4. Date Incorporated or Qualified To Do Business in Florida 1/3/00		5. FEI Number 65-1083599	
		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
William H. Albornoz, Esq.

Street Address (P.O. Box Number is Not Acceptable)
901 Ponce De Leon Blvd.

Suite, Apt. #, Etc.
Suite 603

City
Coral Gables

State
FL

Zip Code
33134

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 William H. Albornoz
REGISTERED AGENT MUST SIGN

Date 1/15/02

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	Ali Lopez	901 Ponce De Leon Blvd. Suite 603	Coral Gables, FL 33134

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: Ali Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/01/02
Date

Daytime Phone #

CR2E081 (9/01)