

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

AND
FILED

02 MAR -8 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000017553

1. Corporation Name

REIVAX Corp.

2. Principal Office Address

9600 NW 25 St

Suite, Apt. #, etc.

5 A

City & State

Miami, FL

Zip

33172

Country

USA

3. Mailing Office Address

9600 NW 25 St

Suite, Apt. #, etc.

5 A

City & State

Miami, FL

Zip

33172

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/18/2000

5. FEI Number

65-0982823

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Xavier Intreago P.

Street Address (P.O. Box Number is Not Acceptable)

10365 SW 96 Terr

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33176

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

2/22/02

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
PSTD	Xavier Intreago P.	10365 SW 96 Terr	Miami, FL 33176
VPSTD	Xavier A. Intreago	10365 SW 96 Terr	Miami, FL 33176
SEC	Giovanni Intreago	10365 SW 96 Terr	Miami, FL 33176

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/02 305 490-1106
Date Daytime Phone #

CR2E081 (9/01)



Thursday, February 21, 2002

Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

RE: P00000017553

To Whom It May Concern:

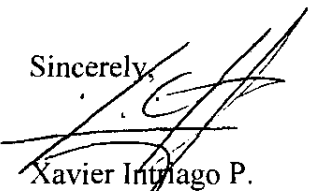
I am enclosing a Corporation Reinstatement Form along with the \$300.00 check number 1071 dated today for the 2001 and 2002 Uniform Business Report.

I have previously made a change of address to 10365 SW 96 Terr. in Miami, FL 33176 with my Registered Agent and then informed them of a new change of address to **9600 NW 25 St. Suite 5 A in Miami, FL 33172**. Since I informed my Registered Agent I thought they were going to make the proper changes of address with the Florida Department of State but as an oversight on my side the change of address was never properly done.

Please forgive me for having it let by, and I realized that we had been in Dissolution only when I called to find out what had happened with our UBR for I had not received it as of yet, when all the other companies around me had received them.

I hope to hear from you shortly with good news. Thank you very much for your attention to this matter. Should you need any additional information, please do not hesitate to contact me at any time at the enclosed telephone numbers.

Sincerely,


Xavier Intiango P.
President
Reivax Corp.

Cc: File

9600 NW 25 St. • Suite 5 A
Miami, FL 33172
T: 305.490.1106 • F: 305.593.8785 • e-Fax: 775.514.2270
info@reivax-corp.com • www.reivax-corp.com