

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000024868			
1. Corporation Name Horta Accounting Services, Corp. 275 Fontainebleau Blvd., #160A Miami, FL 33172			
2. Principal Office Address Same.		3. Mailing Office Address Same	
Suite, Apt. #, etc. ---		Suite, Apt. #, etc. ---	
City & State ---		City & State ---	
Zip ---	Country USA.	Zip ---	Country ---
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 65-1028121	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Yudith Horta			
Street Address (P.O. Box Number is Not Acceptable) 512 NW 97 Place			
Suite, Apt. #, Etc. ---			
City Miami		State FL	Zip Code 33172
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 [Signature]		Date 12/13/01	
REGISTERED AGENT MUST SIGN			
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
Pre	Yudith Horta	512 NW 97 Place	Miami, FL 33172
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]		Date 12-13-01 Daytime Phone # 305-552-7969	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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