

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -7 AM 11:24

DOCUMENT # P00000024980

1. Corporation Name
CHAVANO Corp

2. Principal Office Address
14200 West Dixie Hwy

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
North MIAMI

City & State

Zip
33162

Country

Zip

Country

REINSTATEMENT

02-03

10/28/02 01134 001 158-25

4. Date Incorporated or Qualified To Do Business in Florida
2000

5. FEI Number
65-1028535

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ANDRES CHAVARRO

Street Address (P.O. Box Number is Not Acceptable)
14200 West Dixie Hwy

Suite, Apt. # Etc

500018465629
05/07/03--01104--013 ***78.75

City
North MIAMI

State
FL

Zip Code
33162

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/17/02

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
PYS	ANDRES CHAVARRO	14200 West Dixie Hwy	North MIAMI-FL 33162

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)(b), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/03

Date

305-895-2886
Daytime Phone #

CR2001 9/01

5/13/03