


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04
100027423011
01/22/04--01043--006 **750.00

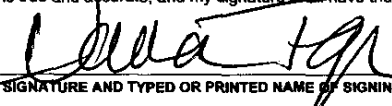
CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000036987					
1. Corporation Name Achieving Independent Success, Inc.					
2. Principal Office Address 9960 NW 116 Way Suite, Apt. #, etc. Suite 9 City & State Miami, Florida Zip 33178 Country USA			3. Mailing Office Address 13951 SW 66th Street Suite, Apt. #, etc. # 301 - A City & State Miami, Florida Zip 33183 Country USA		

4. Date Incorporated or Qualified To Do Business in Florida 02/11/2000	
5. FEI Number 650972187	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Esteban R. Tejeda		
Street Address (P.O. Box Number is Not Acceptable) 13951 SW 66th Street		
Suite, Apt. #, Etc. # 301 - A		
City Miami,	State FL	Zip Code 33183

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 	Date 1/10/04
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
PD	Steven Tejeda	9960 NW 116 Way #9	Miami, FL 33178
VSD	Dana Tejeda	"	"

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	Date 1/13/04 Daytime Phone # (305) 281-9181

CR2E081 (10/02)