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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b> 200248		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Jim Smith</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P00000053574			
<b>1. Corporation Name</b> Latex Latin America, Inc			
<b>2. Principal Office Address</b> 6065 NW 167th St. Suite, Apt. #, etc. B19 City & State Miami, FL Zip 33015 Country USA		<b>3. Mailing Office Address</b> (SAME) Suite, Apt. #, etc. City & State Zip Country	

FILED  
02 DEC 13 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600009738046  
12/30/02--01060--003 \*\*150.00

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 06/02/2000	
<b>5. FEI Number</b> 65-1013380	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>			
Name Marcio Gomes			
Street Address (P.O. Box Number is Not Acceptable) 6065 NW 167th St.			
Suite, Apt. #, Etc. B19			
City Miami, FL	State FL	Zip Code 33015	

**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

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
PVST	Marcio Gomes	6065 NW 167th St. B19	Miami, FL 33015

**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

Daytime Phone #

954-450-9906

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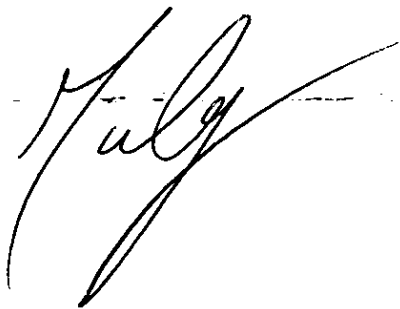
November 12, 2002

State of Florida  
Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Dear Mr. Tyrone Scott:

Please find enclosed a re-instatement form and a check to the Secretary of State for \$150 for my corporation. I did not receive the notice to initially register the corporation for the current year. I would respectfully request that the late fee be waived.

Sincerely,

A handwritten signature in black ink, appearing to be "H. G. [unclear]", written over a horizontal dashed line.