

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 APR 24 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000056191

1. Corporation Name
AL SOL, INC.

400102635524
05/16/07--01027--011 **458.75

2. Principal Office Address - No P.O. Box #
8877 Collins Avenue

3. Mailing Office Address
8877 Collins Avenue

CR2E081 (1/07)

Suite, Apt. #, etc.
CHAMPLAIN TOWERS NORTH CONDO APT. # 901

Suite, Apt. #, etc.
CHAMPLAIN TOWERS NORTH CONDO APT. # 901

City & State
SURFSIDE, FLORIDA

City & State
SURFSIDE, FLORIDA

Zip Country
33154 USA

Zip Country
33154 USA

4. Date Incorporated or Qualified To Do Business in Florida 06-12-2000

5. FEI Number 223742163 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
ALCIDES BORROTO

Street Address (P.O. Box Number is Not Acceptable)
8877 COLLINS AVENUE

Suite, Apt. #, Etc.
CHAMPLAIN TOWERS NORTH CONDO, APT. #901

City State Zip Code
SURFSIDE, FL 33154

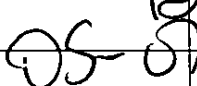
The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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.

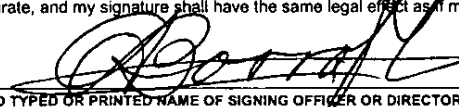
Signature of Registered Agent  Date 4/23/07
REGISTERED AGENT MUST SIGN

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
P/D	ALCIDES BORROTO	8877 Collins Avenue, Apt. 901 Champlain Tower North Condo	Surfside, FL 33154
VP/D	MANUEL DEL SOL	8611 Belle Meade Drive	Fort Myers, FL 33908

REINSTATEMENT  4/27/07

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 contained in Chapter 119, 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:  Date 4/23/07 Daytime Phone # (305) 406-4535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR