


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *B9 182*

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TALLAHASSEE, FLORIDA

REINSTATEMENT *04-05*


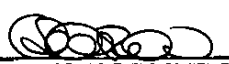
T. Roberts DEC 08 2005

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000065457	
1. Corporation Name OjaLa Investments, Inc.	
2. Principal Office Address 1 South Ocean Blvd.	3. Mailing Office Address 1 South Ocean Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Lake Worth	City & State Lake Worth
Zip FL	Country 33460
Zip FL	Country 33460

4. Date Incorporated or Qualified To Do Business in Florida 7/7/2000	5. FEI Number 65-1021653	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee - amount for a certificate of status

7. Name and Address of Current Registered Agent	
Name Graciela Lara	
Street Address (P.O. Box Number is Not Acceptable) 1 South Ocean Blvd.	
Suite, Apt. #, Etc.	
City Lake Worth	State / Zip Code FL 33460

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12/13/05--01068--002 ** 100.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0806 or 617.0503, F.S.			
Signature of Registered Agent 		Date 12/5/05	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CFO, D	Jose J. Lara	1 South Ocean Blvd.	Lake Worth, FL 33460
COO, D	Graciela Lara	1 South Ocean Blvd.	Lake Worth, FL 33460
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)(f), 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:  GRACIELA LARA		Date 12/5/05 (56)870-3027	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date City/State/Phone #	

PS 272

Florida Department of State
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: OjaLa Investments, Inc.


Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$300 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2004, 2005

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By:  D. Stout as attorney in fact

Name: Graciela Lara

Title: Chief Operating Officer

Date: 12/05/05