PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 02 APR 26 PN 12: 03
DOCUMENT # P00000066108		SECRETARY OF STATE TALLAHASSEE, FLORIBA
Villa Blanca Body Shop, Inc.		
2. Principal Office Address 2902 NW 27 St.	3. Mailing Office Address Same	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 7/7/00
City & State Miami, A	City & State	5. FEI Number Applied For Not Applicable
33142 Country USA.	Zip . Country	6. S8.75 Additional Fee required for a Certificate of Status.
Name Edinson Zurita State Robots (P.O. Box Number is Not Acceptable) Science Apt. #, Etc. City Miami State Zip Code FL 33/42 Windship Apt. # State Stat		
Signature of Registered Agent REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer an	d/or Director (Florida nonprofit corporations must list at	least 3 directors)
Titles Name of Officers and/or Directors	Street Address of Ea Officer and/or Direct	
VP Victor M. Zur	ita 2738 NW 21	Terr Miami, PL 33142
P Edinson Zuri	ta 2902 NW 22	8t Miami, PC 33142
	•	THE OF THE STATE O
-/	TO THE PARTY OF TH	
		COT CAT ES 1 higher parties that when filling
this reinstatement application, the reason for dis	eiver or trustee empowered to execute this application a solution has been eliminated, the corporate name satist a names of individuals listed on this form do not qualify signature shall have the same legal effect as if made un	as provided for in chapter 607 or 617, F.S. I further certify that when filling fies the requirements of section 607.0401 or 617.0401, F.S., that all fees for an exemption under section 119.07(3)(i), F.S. The information indicated order oath.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 305-633-