


2002 UBL PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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FILED

02 DEC 26 AM 9:26

SECRET OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000067424

1. Corporation Name

PALACIOS, INC.

Principal Place of Business

2500 WESTON ROAD, SUITE 105
FORT LAUDERDALE FL 33326

Mailing Address

2500 WESTON ROAD, SUITE 105
FORT LAUDERDALE FL 33326

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 2800 Weston Rd Suite, Apt. #, etc. 204 City & State Weston FL Zip 33331 Country	3. New Mailing Office Address, If Applicable 2800 Weston Rd Suite, Apt. #, etc. 204 City & State Weston FL Zip 33331 Country	4. Date Incorporated or Qualified To Do Business in Florida 07/14/2000	5. FEI Number APPLIED FOR <input checked="" type="checkbox"/> 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. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MARTINES, IGNACIO MARTINEZ, IGNACIO	2500 WESTON ROAD, SUITE 105 2800 Weston Rd # 204	FORT LAUDERDALE FL 33326 Weston FL 33331

8. Name and Address of Current Registered Agent

LEGAL INFORMATION SERVICES, INC.
1290 WESTON ROAD, SUITE 300
FORT LAUDERDALE FL 33326

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent *Legal Information Services Inc*
REGISTERED AGENT MUST SIGN

Date 12/11/02

11. 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/02 954-385-2550
Date Daytime Phone #

CR2E040 (8/02)

December 24, 2002

Division of Corporations
Annual Report/ Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Attn: Buck Kohr

As per our previous conversation with Buck Kohr, please be notified that we did not receive the notice on 01/02. The mailing address has been changed please mail all correspondence to 2800 Weston Road, Suite 204, Weston, Florida 33331.

Thank you,



Palacios, Inc.