


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>		<b>AND FILED</b>  01 SEP 17 PM 10:03  SECRETARY OF STATE TALLAHASSEE, FLORIDA
<b>DOCUMENT #</b> P00000078578				
<b>1. Corporation Name</b>  Nataly Forming, Inc.				
<b>2. Principal Office Address</b> 9455 NW 109 Street Suite, Apt. #, etc. Suite# 101 City & State Medley, Fl. 33178 Zip 33178 Country Dade		<b>3. Mailing Office Address</b> 9455 NW 109 Sreet Suite, Apt. #, etc. Suite# 101 City & State Medley, Fl. Zip 33178 Country Dade		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> Aug. 2000  <b>5. FEI Number</b> 65-1032830 <b>Applied For</b> Not Applicable  <b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>

<b>7. Name and Address of Current Registered Agent</b>	
Name Yanira L. Zelaya	
Street Address (P.O. Box Number is Not Acceptable) 9455 NW 109 Street	
Suite, Apt. #, Etc. Suite # 101	
City Medley, FL	Zip Code 33178

<b>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.</b>			
Signature of Registered Agent Yanira L. Zelaya		Date 9/14/01	
REGISTERED AGENT MUST SIGN			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Maria A. Cruz	9455 NW 109 Street #101	Medley, FL. 33178
Vice President	Yanira L. Zelaya	9455 NW 109 Street #101	Medley, FL. 33178

<b>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.</b>		
<b>SIGNATURE:</b> Yanira L. Zelaya SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>8/3/01</b> Date	<b>305-805-7303</b> Daytime Phone #