


B3 1 82

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b> <i>W040000 22505</i>	
<b>DOCUMENT # P00000082951</b>			
<b>1. Corporation Name</b> Otrebor Inc  4074 NW 4 Street 707 East 9 Street			
<b>2. Principal Office Address</b> 4074 NW 4 Street		<b>3. Mailing Office Address</b> 707 East 9 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Hialeah, Florida	
Zip 33126	Country USA	Zip 33010	Country USA

**FILED**  
04 JUN 24 PM 1:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>REINSTATEMENT 02-04</b>	
<b>4. Date Incorporated or Qualified</b> To Do Business in Florida 08/31/2000	
<b>5. FEI Number</b> 65-1037046	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input 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 Roberto Cabrera Suarez			
Street Address (P.O. Box Number is Not Acceptable) 4074 NW 4 Street			
Suite, Apt. #, Etc.			
City Miami		State FL	Zip Code 33126

2000030290722  
06/28/04--01004--006 \*\*\*450.00

<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 <i>Roberto Cabrera Suarez</i>	Date 06/02/2004
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
P	Roberto Cabrera Suarez	4074 NW 4 Street	Miami, FL 33126

<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> <i>Roberto Cabrera Suarez</i>		06/02/2004	3056495620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (01/04)

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Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: P00000082951

Attn: Renewal Dept:

Gentlemen:

In reference to the above mentioned corporation, please be advised that we never received the renewal notice.

We contacted your renewal department and they advised us to write a letter and specify what happened and to submit the original annual fee and you would renew the corporation.

Your cooperation in this matter is anticipated and appreciated.

Thank you,

A handwritten signature in dark ink, appearing to read "Roberto C. Suarez". The signature is fluid and cursive, with the first name "Roberto" being more prominent.

Roberto C Suarez  
President