RLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM					DEPART Secretary	of State	•		١		LED 20 AMII:	14
DOCUMENT # P0000084582 1. Corporation Name									ALL CONTROL LA LUMINA				
GUILANT FINANCIAL SERVICES, INC.													
2. Principal Office Address 8200 NW 52 TERR 820					3. Mailing 0 8200 I	Mailing Office Address 200 NW 52 TERR			REINS	:TA	Feeder 1		2-06
					Suite, Apt. #, # 102	Sune, Apr. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 09-07-2000				
City & State DORAL, FL				City & State DORAL, FL			5. FFL Number 65-1037640 Applied For Not Applicable						
^{Zip} 33160	^Z /33166		y		^z 33166		ÛŚ		6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee of for a Certificate of S			at Fee required	
7. Name and Address of Current Registered Agent													
	GÜILLERMO A. ARRINDELL												
	Since LAddress (B.O. Box Number in Not Acceptable)												
	Suite And # Etc. # 102												
	D'ORAL									State	<i>3</i> 3166		1
8. I, being appointed the registered egent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.													
Signature of													
Registered Agent Date													
9. Names	and Street A	ddresses			d/or Director (Fic	orida nonprof		ons must list at le		<u> </u>		<u> </u>	
Titles	Name of Officers and/or Directors			Street Address of Ea Officer and/or Direc				or Cny / State / Zip					
P/D	GUILLERMO A. ARRIN			NDELL 14900 SW 104 ST			·. #59	MIAMI, FL 33196					
V/D	KENNETH J. PENA			10700 SW 131 TE			RR	MIA	MI, FL	33176			
T/D	EUFRASIO C. SOCA			ARRAS 11620 SW 81 TEF			R.	MIA	MI, FL	33173	:		
S/D	ALFREDO C. SILVA				13431 SW 34 ST.				MIAMI, FL 33175				
									09/4		01063-		2 600.00
						·							
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 contained in Chapter 119, F.S. The information indicated on this application is true and accorpate, and my signature shall have the same legal effect as if made under oath.													
SIGNATURE: SUSPICION SUSPECTOR DIRECTOR Date Despire Phone #											#		
L							/						

2082

GUILANT FINANCIAL SERVICES, INC.

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

AS PER OUR PHONE CONVERSATION I AM SENDING TO YOU THIS LETTER OF EXPLANATION AND THE UBR FORM ALONG WITH A CHECK TO PROPERLY UPDATE CORPORATION I FURTHER STATE THAT I DID NOT RECEIVE THE NOTICE FOR 2003 UBR FIRST NOR SECOND NOTICE. I WOULD LIKE TO RESOLVE THIS ISSUE, PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

CORDIALL

GUILLERMO A. ARRINDELL

PRESIDENT