

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 24 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000086359

1. Corporation Name
MAECO, INC.

2. Principal Office Address
1101 BRICKELL AVE.

Suite, Apt. #, etc.
1100

City & State
MIAMI, FL

Zip Country
33131 US

3. Mailing Office Address
1101 BRICKELL AVE.

Suite, Apt. #, etc.
1100

City & State
MIAMI, FL

Zip Country
33131 US

4. Date Incorporated or Qualified
To Do Business in Florida 9-12-2000

5. FEI Number
65-1038703

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

05/27/02 90413 027 150.00

7. Name and Address of Current Registered Agent

Name
ANDRES FRANCO PORTOCARRERO

Street Address (P.O. Box Number is Not Acceptable)
1101 BRICKELL AVE.

Suite, Apt. #, Etc.
1100

City
MIAMI

State Zip Code
FL 33131

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	ANDRES FRANCO PORTOCARRERO	1101 BRICKELL AVE. #1100	MIAMI, FL 33131

02422:178

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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-02

Date

Daytime Phone #

CR2001 (8/01)

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

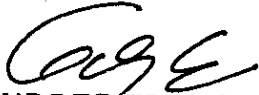
TO WHOM IT MAY CONCERN:

THIS LETTER IS TO STATE THAT I SENT OU THE 2002 UBR FORM ALONG WITH A CHECK BUT NEVER HEARD ANYTHING FROM YOUR OFFICE REGARDING THE MISHAVE OF THE REGISTERED AGENT I AM ENCLOSING THE FORM YOU HAVE REQUESTED ALONG WITH A COPY OF THE CANCELLED CHECK .

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY



ANDRES FRANCO PORTOCARRERO
PRESIDENT