
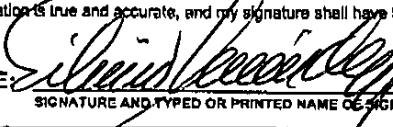


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P00000095575			
<b>1. Corporation Name</b> SHIELD INDUSTRIES, INC.			
<b>2. Principal Office Address</b> 7272 NW 25th Street		<b>3. Mailing Office Address</b> 7272 NW 25th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, FL	
Zip 33122	Country USA	Zip 33122	Country USA
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 10/10/00		<b>5. FEI Number</b> 65-1046801	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<b>Applied For</b> Not Applicable	
		\$0.75 Additional Fee required for a Certificate of Status	
<b>7. Name and Address of Current Registered Agent</b>			
Name SILVERIO J. MENENDEZ			
Street Address (P.O. Box Number is Not Acceptable) 91 BAY HEIGHT DR.			
Suite, Apt. #, Etc.			
City MIAMI		State FL	Zip Code 33133
<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 _____ Date _____			
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	SILVERIO J. MENENDEZ	91 BAY HEIGHT DR.	MIAMI, FLORIDA 33133
S	ELISEO GUERRA	5005 COLLINS AVENUE #813	MIAMI BEACH, FL
<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)(f), 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>			
SIGNATURE: 		SILVERIO MENENDEZ	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 6/17/05	Daytime Phone # 305-994-1884

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FILED  
05 JUN 27 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

084-05  
JUN 28 2005

CR20081 (01/03)

PS 2 96

**SHIELD INDUSTRIES, INC.**

7272 NW 25<sup>TH</sup> Street  
Miami, FL 33122

June 16, 2005

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Representative:

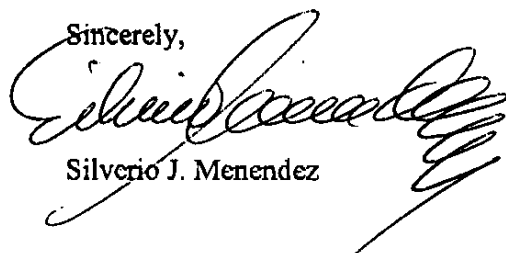
Enclosed please find a Corporate Reinstatement application for Shield Industries, Inc. We have also enclosed a check in the amount of \$300.00 to cover the filing fee for the years 2004 and 2005. We respectfully request the waiver of the reinstatement fee due to the fact that the Annual Reports requesting payment of the annual fee were not received.

Please note that the new mailing address for Shield Industries, Inc. is as follows:

Shield Industries, Inc.  
7272 NW 25<sup>th</sup> Street  
Miami, FL 33122

If you have any questions or require additional information regarding this matter, please do not hesitate to contact Silverio J. Menendez 305-469-2857.

Sincerely,



Silverio J. Menendez