
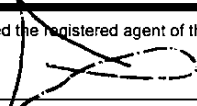
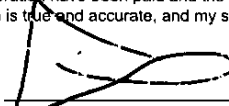


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000113583			
1. Corporation Name ALL LEASING SERVICES FLORIDA CORP			
2. Principal Office Address 1890 NW 97TH AVE Suite, Apt. #, etc.		3. Mailing Office Address 1890 NW 97TH AVE Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL USA	
Zip 33172	Country USA	Zip 33172	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 12/12/00		5. FFL Number 65-1051942	
		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name JORGE ORREGO			
Street Address (P.O. Box Number is Not Acceptable) 1890 NW 97TH AVE			
Suite, Apt. #, Etc.			
City MIAMI		State FL	Zip Code 33172
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 		Date 10/10/2006	
REGISTERED AGENT MUST SIGN			
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
PTD	JORGE G. ORREGO	650 HERITAGE DR.	MIAMI, FL USA 33126
VSD	JESUS M. MONGE	13060 SW 108TH STREET	WESTON, FL
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 accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: 		10/10/2006 305-591-7190	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED

06 OCT 16 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

05-06

400020834914

10/16/06--01008--010 **301.00

Miami, October 10th , 2006

**Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314**

**Re: ALL LEASING SERVICES FLORIDA CORP
Doc Number P00000113583**

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2005 AND 2006 Uniform Business Report. We think it was sent to a different location.

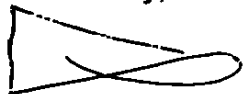
We are enclosing a check for \$300 to cover the following fees:

**2005 Uniform Business Report
2006 Uniform Business Report**

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2000.

Your consideration will be greatly appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jorge G. Orrego', with a stylized flourish at the end.

**Jorge G. Orrego
Vice-President
1890 NW 97th Avenue
Wellington, FL 33172**