

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/24/03--01028--008 11/25/03


01/03

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000114878			
1. Corporation Name Agrupacion Techica, Inc.			
2. Principal Office Address 7230 Northwest 70 Street Suite, Apt. #, etc. City & State Medley, Fl Zip 33166 Country USA		3. Mailing Office Address - SAME - Suite, Apt. #, etc. City & State Zip Country	


4. Date Incorporated or Qualified To Do Business in Florida 12/15/2000	
5. FEI Number 65-1064928	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 Freddy Albornos	
Street Address (P.O. Box Number is Not Acceptable) 7230 Northwest 70 Street	
Suite, Apt. #, Etc.	
City Medley	State FL Zip Code 33166

REINSTATEMENT

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 11/04/2003
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
PSTD	Freddy Albornos	7230 Northwest 70 Street	Medley, Fl 33166

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Freddy Albornos Date 11/4/2003 Daytime Phone # 305-303-8371

CR2E081 (10/02)

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AGRUPACION TECHNICA, INC.

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

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2001
UNIFORM BUSINESS REPORT (FIRST NOR SECOND NOTICE OF THE UBR). I
HAVE CHANGED MY PRINCIPAL OR MAILING ADDRES.

I MADE A CHANGE IN BANKING ACCOUNTS WHEN I FOUND OUT THAT I
WAS NOT ACTIVE WITH YOUR OFFICE. 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

A handwritten signature in black ink, appearing to read 'FREDDY ALBORNOS', is written over a large, hand-drawn oval. The signature is slanted and somewhat stylized.

FREDDY ALBORNOS
PRESIDENT