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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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COR	PORATION		(A)			DEPARTMENT OF STATE ecretary of State		ΤE	FILED				
REINSTATEMENT				DIVISION OF CORPORATIONS				04 AUG 16 AM 9: 55					
DOCUMENT # P01000013000									SECRETARY OF STATE TALLAHASCEL FLORIDA				
1. Corporat	tion Name TRACKS	INC											
IVIACINA	TTACKO,	1110.											
7343 Ca	arlyle Aver	nue										8 -19	- • .
2. Principal Office Address 7343 Carlyle Avenue					3. Mailing Office Address					,	- man and and		3.04
Suite, Apt. #, etc.					Suite, Apt. #, etc.						11.00	V,	<i>/</i>
1-A									4. Date incorp To Do Busir			2-200	04
City & State				City & State			ł	5. FEI Number			- 1 1	lied For	
Miami Beach, Florida Zip Country				Zip		Country		651112703				Applicable	
33141		USA	,						6. CERTIFICATE	OF STATU		75 Additional li for a Certificate	
7. Name and Address of Current Registered Agent												_	
Name Juan S. Velazquez Street Address (P.O. Box Number is Not Acceptable) 7343 Carlyle Aenue Suite, Apt. #, Etc.													
i	1-A City									State	Zip Code		
	Miami B	each								FL	33141	'	g
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.													CR2E081 (01/04)
Signature of Registered Agent									August 6, 2004				
		_)		GISTERED AGE								°
9. Names	and Street Ad	dresses		er and	Vor Director (Flor	rida nonpro	fit corporations must li			1			
Titles Name of Officers and/or Directors				ectors		Officer and/or D	eet Address of Each icer and/or Director			City / State / Zip			
D	Velazquez, Juan S.					arlyle Avenue,	le Avenue, #1-A		Miami Beach, FL 33141				
			-						1) (09/25	/04	<u> 4 U4 2년</u> -0105700		າກາ
	<u> </u>								Part Sant Sant Sant	, ,	01001 00	<u> </u>	71 CO
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40 1		-46			toto	an awarad t	a avanuta this applicati	ion on r	provided for leasts	otor 607	or 617 E.S. Lfurtho	r cortify that wi	sen filing
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 filling 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.													
Tan)													
SIGNATURE: 08/06/2004 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #										— [
L	•	Z.,										-	

ATTACHMENT 20F2 +1-P01000013000 20F2

BW&T BUSINESS ADVISERS, INC.

Tax and Accounting Services 9050 Pines Blvd., Suite 450-8 Pembroke Pines, FL 33024

Phone: (954) 443-1594 Fax: (954) 443-1597 e-mail: accounting@bwtba.com

August 6, 2004

Florida Department of State Division of Corporation Attn: Corporate Corresponding 409 Gaines Street, Tallahassee, FL 32399

Via Regular Mail

RE: UBR Report 2004 for Magnatracks, Inc.

FEIN No. 65-1112703

To Whom It May Concern:

This letter is to inform you that we never received the UBR 2003 and the company was administrative dissolved on September last year.

We are sending you the reinstatement form for the corporation mentioned above, we could not download the UBR report for 2004. However, a check for the corresponding fees (reinstatement and UBR Report) is enclosed to this letter.

Please renew the above-mentioned corporation as soon as possible and thank you very much for your help.

Sincerely,

Navarit Briceno Accountant

On behalf of Juan S. Velazquez

Secretary/ Director