/₀X₂

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 MAR 17 PM 12: 35
DOCUMENT # POI 0000 19204 1. Corporation Name TAINOS ENTEXPTISES, INC.		SECRETAINT STATE TALLAHASSEE, FLORIDA
wo5000011416		*the
2. Principal Office Address or ough Auc.	3. Mailing Office Address 5 MMC	REINSTATEMENT 03-05
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc.	Date Incorporated or Qualified To Do Business in Florida
Tampa Florida	Zip Country	5. FEI Number Applied For S 9 - 3 7 1 0 1 5 9 Not Applicable
33603 Country V S A	7. Name and Address of Current Register	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Name Luis Duperon Street Address (P.O. Box Number is Not Acceptable) 7/0F 36 M Aup. 5. Suite, Apt. #, Etc. City January Q State Zip Code FL 336/9		
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 REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and	or Director (Florida nonprofit corporations must list at le	ast 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
Sorely Alfor	USO 2311 N. Hilsborous	L AUL. TAMPA FT 33619
1/T JESUS GONZA	102 2311 W. Hillsborco	sh we Tanpo 17 33619
		400050302894 04/11/0501005012 **450.00
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 507.0401 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 Date Date Daytime Phone #		





02/09/2005

To Whom It May Concern:

The corporation known as Taino's Enterprises, Inc. corporate file number P01000019204 did not receive anypaperwork for 2003 and 2004 to file the yearly report. I ask of this department to waive the additional fees and reinstate this corporation. I am sending the regular fees for the three years including 2004 report total \$450.00.

Thank You Jesus Gonzalez

Taino's Enterprises, Inc.