


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 27 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000027526

1. Corporation Name
ALONSO GROUP INC.

2. Principal Office Address
9290 NW 25TH ST.

3. Mailing Office Address
Suite, Apt. #, etc.

City & State
Miami, Florida

Zip 33172 **Country** USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida 03/16/2001

5. FEI Number 651089246 **Applied For** Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Isabel Alonso

Street Address (P.O. Box Number is Not Acceptable)
9290 NW 25TH ST.

Suite, Apt. #, Etc.

City Miami **State** FL **Zip Code** 33172

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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 *Isabel Alonso* **Date** 4/23/04

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
STD	Isabel Alonso	13045 S.W. 2ND TERRACE	Miami, Florida 33184
V.P	JOEL ALONSO	13045 SW 2ND TERRACE	MIAMI FL 33184
V.P	IVAN ALONSO	13045 SW 2ND TERRACE	MIAMI FL 33184

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: *Isabel Alonso* **Date** 4/23/04 **Daytime Phone #**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E881 (01/04)