

FAX ADIT No HOS 0001539615


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000028649			
1. Corporation Name Lalesa Corp.			
2. Principal Office Address 2457 Collins Avenue		3. Mailing Office Address 2457 Collins Avenue	
Suite, Apt. #, etc. Apt 1705		Suite, Apt. #, etc. Apt. 1705	
City & State Miami Beach, FL		City & State Miami Beach, FL	
Zip 33140	Country USA	Zip 33140	Country USA

REINSTATEMENT

02-03

4. Date Incorporated or Qualified To Do Business in Florida	3/20/2001
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

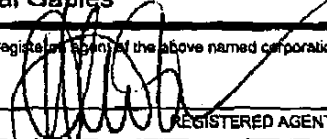
Name: Albert J. Xiques, Esq.

Street Address (P.O. Box Number is Not Acceptable): 101 Madeira Avenue

Suite, Apt. #, Etc.:

City: Coral Gables State: FL Zip Code: 33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

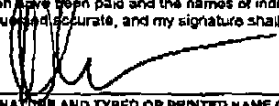
Signature of Registered Agent:  Date: 4/22/03

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
P	Jose Lacal Beares	2457 Collins Ave #1705	Miami Beach, FL 33140
VP	Josefa Lera Briz de Lacal	2457 Collins Avenue #1705	Miami Beach, FL 33140
VP / S	Juan Carlos Lacal Lera	2457 Collins Avenue #1705	Miami Beach, FL 33140
AS	Albert J. Xiques, Esq.	101 Madeira Avenue	Coral Gables, FL 33134

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)(f), 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:  Date: 4/22/03 305-728-2290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Fax Adit No #030001539615

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Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : ALBERT J. XIQUES, ESQ.
Account Number : 110166000015
Phone : (305) 377-1000
Fax Number : (305) 675-2262

CORPORATION REINSTATEMENT

LALESA CORP.

Certificate of Status	1
Certified Copy	0
Page Count	01
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