

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 29 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000042695

1. Corporation Name

Andres Barbosa Inc

2. Principal Office Address

808 Brickell Key Dr.

Suite, Apt. #, etc.

#907

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

14201 SW 102 ST

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33186

Country

USA

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

04/26/2001

5. FEI Number

65-1098495

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Andres Barbosa

Street Address (P.O. Box Number is Not Acceptable)

14201 SW 102 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

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

Date

8/3/04

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	Andres Barbosa	14201 SW 102 ST	MIAMI / FL / 33186

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

Date

11/19/04

Daytime Phone #

305-383-0528

CR2E081 (10/02)

808 Brickell Key Drive
Suite 907
Miami, FL 33131
305-984-7365
305-383-0528
email-BarbosaTennis@aol.com
www.barbosatennis.com

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Andres Barbosa Inc.

August 3, 2004

To: Department of State/Division of Corporations

From: Andres Barbosa

Re: Failure to receive 2002 Annual Report Form

To whom it may concern:

I'm writing this letter to request that the \$600 reinstatement fee be waived for the reason that I never received the necessary paperwork. The only reason I became aware of this problem is because my bank (Bank Atlantic) sent me notification saying that I needed to contact the state (www.sunbiz.org) so that my bank account would not be closed.

Enclosed please find the necessary paperwork filled out with an accompanying check that covers 3 years of the \$150 fee plus an additional \$8.75 for a Certificate of status. If you have any questions, please feel free to contact me by the above-mentioned means.

Sincerely,



Andres Barbosa