


B3 172

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 MAY 24 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000043577

1. Corporation Name
GRACIA ENTERPRISES, CORP

127 SE 2ND AVENUE
127 SE 2ND AVENUE

2. Principal Office Address 127 SE 2ND AVENUE		3. Mailing Office Address 127 SE 2ND AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33131	Country USA	Zip 33131	Country USA

REINSTATEMENT 03-04

5/6/04 01067 032 300.00

4. Date Incorporated or Qualified To Do Business in Florida 05/01/2001

5. FEI Number 65-1104066 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
ALEJANDRO GRACIA

Street Address (P.O. Box Number is Not Acceptable)
127 SE 2ND AVENUE

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33131

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 *Alejandro Gracia* Date 5/18/04

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
PD	ALEJANDRO GRACIA	127 SE 2ND AVENUE	MIAMI, FL 33131
VD	CATHERINE ZAPATA	127 SE 2ND AVENUE	MIAMI, FL 33131

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)(l), 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: *Alejandro Gracia* Date 05/18/2004 Daytime Phone # 786-553-1324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

pg 2 of 2

Reference Letter # 804 A 00033450

Miami, May 18th, 2004

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: GRACIA ENTERPRISES, CORP
Doc Number P01000043577

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2003 and 2004 Uniform Business Report. We think it was sent to a different location.

We are enclosing a check for \$300.00 to cover the following fees:

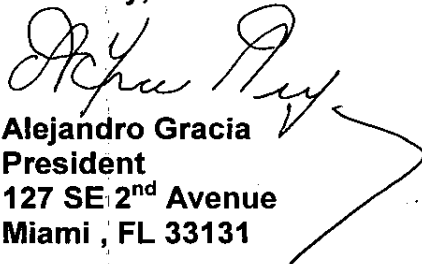
2003 Uniform Business Report
2004 Uniform Business Report

Send with
prior letter

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2001.

Your consideration will be greatly appreciated.

Sincerely,


Alejandro Gracia
President
127 SE 2nd Avenue
Miami, FL 33131

New Address