NSTRUCTIONS BEFORE CO	OMPLETING THIS FORM.	9.
RIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	P. L. E. D	7
COING CORP.	SECRETARY OF STATE TALLAHASSEE FLORIDA	
	600025082516 11/26/0301070013 **308.75	
iling Office Address  , B o X 3 <b>6</b> 6 / 8 /  Apt. #, etc.	REMSTATEMENT 02-0	クろ
State  JETA SPRINGS FC 6	To Do Business in Florida 05   02   Zection   25   05   05   05   05   05   05   05	For
34116 LEE	CERTIFICATE OF STATUS DESIRED 50.73 Additional Fee F	equired atus
RA able) RY RI)	State Zip Code FL 34/10	
corporation, am familiar with and accept the obliga	ations of section 607.0505 or 617.0503, F.S.  Date	
or (Florida nonprofit corporations must list at least 3	3 directors)	
Street Address of Each Officer and/or Director	City / State / Zip	
1 1116-B SUNCENTU	RYRD NASLES, FL. 3411	0
	RIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS  217 COING CORP.  ailing Office Address BOX 366/8/ Apt. #, etc.  State  UITA SPRINGS FC Country  LEE  7. Name and Address of Current Registered  RA able) RRY RI  corporation, am familiar with and accept the obligation of (Florida nonprofit corporations must list at least Street Address of Each Officer and/or Director	Secretary of State DIVISION OF CORPORATIONS  03 NOV 19 AM 11: 53  SECRETARY OF STATE TALLAHASSEE FLORIDA  SECRETARY OF STATE TALLAHASSEE FLORIDA  11/26/0301070013 **308.75  REMISTATEMEN 02-6  11/26/0301070013 **308.75  11/26/0301070013 **308.75  REMISTATEMEN 02-6  11/26/0301070013 **308.75  11/26/

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 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: Eduardo Va	you - EDYARDO	VERGARA	NOV. 19. 2	c
SIGNATURE AND TYPEDA	DEDINTED NAME OF CICHING OFFICED O	ID DIDECTOR		

Eduardo Vergara Building Lorg. 1116-B lun Century Rd. Mayles, A. 39110 Nov. 19,2003 thousa Dept of State Allo Division of Corporations Deorge tirestone Building 409 E. Gaines II. Tallalassee, Fl. Den Sing, is to request a waiver of the Corporation due to the fact that the annual Report town was not received your attention to this matter and favorable decision would be greatly appreciated Sincerely, Eduardo Vergara