


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000052062
1. Corporation Name
Barreiro & Perez, Inc.

2. Principal Office Address 14600 SW 136th St.		3. Mailing Office Address 111 SW 3rd St., 6th Floor	
Suite, Apt. #, etc.		Suite, Apt. #, etc. c/o Elliott Harris	
City & State Miami, FL		City & State Miami, FL	
Zip 33186	Country Miami-Dade	Zip 33130	Country Miami-Dade

FILED
04 APR 19 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800033101198
04/19/04--0108U--003 **1102.50

REINSTATEMENT 02-04

4. Date incorporated or Qualified To Do Business in Florida 5/24/2001	
5. FEI Number 65-1107843	Applied For 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: Elliott Harris

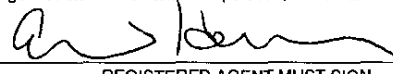
Street Address (P.O. Box Number is Not Acceptable): 111 SW 3rd St., 6th Floor, Miami, FL 33130

Suite, Apt. #, Etc.:

City: Miami

State: FL Zip Code: 33130

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.

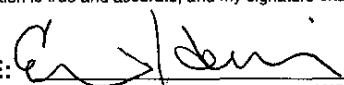
Signature of Registered Agent:  Date: 4/13/2004

REGISTERED AGENT MUST SIGN: Elliott Harris

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/S/D	Rafael Perez	14600 SW 136th St.	Miami, FL 33186
AS	Elliott Harris	111 SW 3rd St., 6th Floor	Miami, FL 33130

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:  Elliott Harris, Asst. Secty 4/13/04

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

(305) 358-0145

CR2E081 (01/04)

TR