


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 08 JAN 11 AM 9:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
DOCUMENT # P01000054628																													
1. Corporation Name CENET CORP.																													
2. Principal Office Address - No P.O. Box # 7801 NW 37TH ST Suite, Apt. #, etc. TRANEXCO 105337 City & State MIAMI FL Zip Country 33166 USA		3. Mailing Office Address 7801 NW 37TH ST Suite, Apt. #, etc. TRANEXCO 105337 City & State MIAMI FL Zip Country 33166 USA		REINSTATEMENT CR2E081 (12/07) <i>01/08</i>																									
4. Date Incorporated or Qualified To Do Business in Florida 06/01/2001				5. FEI Number 651110832 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																									
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.75 Additional Fee required for a Certificate of Status																													
7. Name and Address of Current Registered Agent Name Eduardo R. Arista, P.A. Street Address (P.O. Box Number is Not Acceptable) 2655 Le Jeune Road Suite, Apt. #, Etc. 5th Floor Suite 700 City Coral Gables State Zip Code FL 33134																													
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 <i>[Signature]</i> Date <u>January 8, 2008</u> REGISTERED AGENT MUST SIGN																													
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																													
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>P,D</td><td>Mauricio Blanco</td><td>Cll 134 No. 13-83 Of. 721</td><td>Bogota, Colombia</td></tr><tr><td>T,S,D</td><td>Jesus Blanco</td><td>Cll 134 No. 13-83 Of. 721</td><td>Bogota, Colombia</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P,D	Mauricio Blanco	Cll 134 No. 13-83 Of. 721	Bogota, Colombia	T,S,D	Jesus Blanco	Cll 134 No. 13-83 Of. 721	Bogota, Colombia												
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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 contained in Chapter 119, 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: <u>Mauricio Blanco (MAURICIO BLANCO)</u> <u>Jan-08/08</u> <u>(561) 451-5880</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																													