## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT	Secretar	TMENT OF STATE y of State orporations	O3 NOV 20 AM SECRETARY OF TALLAHASSEE. F	
DOCUMENT # PO(DIO054628  Cenet Corp.					
· · · · · · · · · · · · · · · · · · ·		<b>3.</b> Mailing Office Addres 7801 NW 37 S		REINSTAT	WENI 03
Suite, Apt. # etc		Suite, Apt. #, etc.  Tranexco 105337  City & State		4. Date Incorporated or Qualified To Do Business in Florida  5. FEI Number  Applied For	
Miami, FL Zip Country		Miami, FL Zip Country		6. S8.75 Additional Fee required	
33166	USA	33166	USA Address of Current Registers	CERTIFICATE OF STATUS DESIRED	for a Certificate of Status
Eduardo R. Arista, P.A.  Street Address (P.O. Box Number is Not Acceptable)  2655 Le Jeune Road  Suite, Apt. #, Etc.  City  Coral Gables  State  State  Zip Code  FL  33134  8. I, being appointed the registered agent of the above named corporation and familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.					
Signature of Registered Agent REGISTERED AGENT MUST SIGN					
	ames and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
P, D	Officers and/or Directors  Mauricio Blanco	C11 13	Officer and/or Director 34 No. 13-83 of 721	Bogota, Colo	City / State / Zip
T, S, D	Jesus Blanco	C11 13	34 No. 13-83 of 721	Bogota, Colo	mbia
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:  Observed  Observed					
SIGNATURE:    SIGNATURE   SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daylime Phone #					

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Tranexco 105337 · PO. BOX No.02-5512 Miami, Florida 33102-5562

To whom it may concern,

Enclosed please find an Application for Reinstatement of Cenet Corp. A 2003 Uniform Business Report was never received. Also enclosed is a check for \$158.75 representing:

- 1. \$150 in payment of the 2003 Annual Report and Corporate Supplemental Fee pursuant to Florida State 607.193(2)(b), and
- 2. \$8.75 in payment for one (1) Certificate of Statues to be mailed to:

Law Offices of Eduardo R. Arista, Esq. 2655 Le Jeune Road, 5th Floor Coral Gables, FL 33134

If you have an questions or requiere further information, please contact Eduardo R. Arista, Esq. At 305-854-4219.

Thank you in advance for your prompt attention to this matter.

Sincerely,

CENET CORP.

Mauricio Blanco, President