


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <u>P01000055891</u>			
<b>1. Corporation Name</b> <u>Alesco Corp.</u> <u>P01-55891</u>			
<b>2. Principal Office Address</b> <u>2003 SW 143 PLACE</u>		<b>3. Mailing Office Address</b> <u>2003 SW 143 PLACE</u>	
Suite, Apt. #, etc. <u>N/A</u>		Suite, Apt. #, etc. <u>N/A</u>	
City & State <u>MIAMI, FLORIDA</u>		City & State <u>MIAMI, FLORIDA</u>	
Zip <u>33175</u>	Country <u>US</u>	Zip <u>33175</u> Country <u>US</u>	
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <u>6/6/2001</u>		<b>5. FEI Number</b> <u>65-1144095</u>	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>7. Name and Address of Current Registered Agent</b>			
Name <u>LINDSAY DUNKLEY</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>2003 SW 143 PLACE</u>			
Suite, Apt. #, Etc. <u>N/A</u>			
City <u>MIAMI</u>		State <u>FL</u> Zip Code <u>33175</u>	
<b>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.</b>			
Signature of Registered Agent <u>Lindsay Dunkley</u>		Date <u>3/29/04</u>	
REGISTERED AGENT MUST SIGN			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>M</u>	<u>ALEJANDRO R. SOUTO</u>	<u>2003 SW 143 PLACE</u>	<u>MIAMI, FL 33175</u>
<u>P</u>	<u>AINE SOUTO</u>	<u>2003 SW 143 PLACE</u>	<u>MIAMI, FL 33175</u>
<b>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.</b>			
<b>SIGNATURE:</b> <u>A/SO / Aine Souto</u>		<u>3/29/04</u> <u>(305) 926-9994</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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PH. (305) 926-9993

*Alesco Corp.*

E-mail: AlescoCorp@AOL.com

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Alejandro Souto

March 29, 2004

Alesco Corp

**Document Number: P01000055891**

2003 South West 143<sup>rd</sup> Place

Miami, Florida 33175

Depart of State

Division of Corporation

P.O. Box 6327

Tallahassee, FL 32314

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**Florida Department of State, Corporation Reinstatement:**

Alesco Corp was dissolved on 2002. However, we moved on 2002 and never received the annual report. We request that the reinstatement fee be waived and please find a check for \$450.00 to bring the company up to date.

If additional information is required, please feel free to call 305.926.9993. Thank you in advance.

Sincerely,



Alejandro Souto