


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 010000 65798			
1. Corporation Name Kutting Edge Enterprises Group, Inc			
2. Principal Office Address 19320 Bel Aire Dr. Suite, Apt. #, etc.		3. Mailing Office Address 19320 Bel Aire Dr. Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33157	Country USA	Zip 33157	Country USA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida 7/03/2001	
5. FEI Number 65-119475	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Alvaro Posada		
Street Address (P.O. Box Number is Not Acceptable) 10320 Bel Aire Dr.		
Suite, Apt. #, Etc. 800008685808 10/29/02--01180--002 **750.00		
City Miami	State FL	Zip Code 33157

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 10/24/02	
REGISTERED AGENT MUST SIGN			
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
Pres	Alvaro Posada	19320 Bel Aire Dr	Miami, FL 33157
V-Pres	Alvaro Posada	19320 Bel Aire Dr	Miami, FL 33157
Trea	Alvaro Posada	19320 Bel Aire Dr	Miami, FL 33157
Secy	Alvaro Posada	19320 Bel Aire Dr	Miami, FL 33157
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:		Date 10/24/02	Daytime Phone # 305-270-3150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E081 (9/01)

11/5/02