


2002 - 2003. PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 05 JAN -5 PM 2:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P01000071155				
1. Corporation Name Velasquez Brothers Corp. AD				
2. Principal Office Address 3319 NW 74 AVE. <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 3319 NW 74 AVE. <small>Suite, Apt. #, etc.</small>		
City & State Miami FL <small>Zip Country</small> 33122 UIA		City & State Miami FL <small>Zip Country</small> 33122		
4. Date Incorporated or Qualified To Do Business in Florida 7/18/2001				
5. FEI Number 65-1135275 <small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small>				
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				
<small>Name</small> Luis Velasquez				
<small>Street Address (P.O. Box Number is Not Acceptable)</small> 3319 NW 74 AVENUE				
<small>Suite, Apt. #, Etc.</small>				
<small>City</small> Miami <small>State</small> FL <small>Zip Code</small> 33122				
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.				
<small>Signature of Registered Agent</small> _____ <small>Date</small> 12-29-04				
REGISTERED AGENT MUST SIGN				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
<small>Titles</small>	<small>Name of Officers and/or Directors</small>	<small>Street Address of Each Officer and/or Director</small>	<small>City / State / Zip</small>	
P	Luis Velasquez	3319 NW 74 AVENUE	Miami FL 33122	
VP	Ruben Velasquez	83-03 Northern Blvd	Jackson Heights NY 11372	
900045453739 01/26/05--01045--004 **300.00				
REINSTATEMENT 03-04				
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: _____ 12-29-04				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>				

CR2E081 (9/99)