PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

			ELODIDA DEDARTMENT	OF STATE	FII	LED	
CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State		05 JAN 31 PM 4:15		
			DIVISION OF CORPORATIONS		SECRETAR	PA 4: 15	
1. Corporation Name ADVANCES					ALLAHASS	Y OF STATE EE. FLORIDA	
P01000076647					REINSTATEMENT 04-05		
930		vive#382	3. Mailing Office Address Suite, Apt. #, etc.	PALAM	125	mrs	
#392			il (1		4. Date Incorporated or Qualified To Do Business in Florida 7/25 (200)		
City & State	mi	FL.	City & State W. Am, Th		5. FEI Number	Applie	
Zip AXXXX	Coun 183	LADC.	33183 Country	SA	6. CERTIFICATE C	K I / A SR 75 Additional Fo	e required
7. Name and Address of Current Registered Agent							
Name on ar EXHDA.							
	Street Address (P.O. Box Number is Not Acceptable) .						
	Suite, Apt. #, Etc.						
	City MI	mi	X			State Zipocode 178	
Signature of Registered Agent Date 13200							CR2E081 (01/04)
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
Titles	Name of Street Address of Ea Officers and/or Directors Officer and/or Direc						
PVD	DChoa, L	mar	5723 Nu) 12 Pa	14-16	Miami, FL 33178	3
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10. I certify that I am an officer or director of 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 eighature shall have the same legal effect as if made under oath.							
SIGNATURE: SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date Daylime Phone #							

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1/03/2005

Advanced link Systmes 8306 Mills Drive #382 Miami FL 33183

Florida Department Of State 409 East Gaine Street Talahassee 32399

To Whom It May Concern:

I'm writing this letter to explain why my annual dues were not paid. The company moved to a new address and we did not receive the renewal card. Furthermore, we contacted your offices several times during the week of Dec 23rd and were told that your systems would be available till Jan 03, 2005. I was told on Jan 3rd by a supervisor to send the \$150.00 payment together with this letter to explain the reason why the payment was not received.

Thanking you in advanced

Omar Ochoa

President.