

W03000033496

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC -1 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000072746

1. Corporation Name
GRUPO 4 CORP.

2. Principal Office Address
7424 S.W. 59 AVE.

3. Mailing Office Address
7424 S.W. 59 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLA. 33143

City & State
MIAMI, FLA. 33143

Zip
33143 Country
DADE

Zip
33143 Country
DADE

REINSTATEMENT 2-03

300024189563
11/08/02 01050-010 ***009 75

4. Date Incorporated or Qualified
To Do Business in Florida 8/8/01

5. FEI Number 65-1132688 Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
VALENTINA GARCIA

Street Address (P.O. Box Number is Not Acceptable)
7424 S.W. 59 AVE.

Suite, Apt. #, Etc.

City
MIAMI

State
FL Zip Code
33143

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 Valentina Garcia

Date 10/27/03

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
<u>P</u>	<u>Valentina Garcia</u>	<u>7424 SW 59 ave</u>	<u>Miami / FL / 33143</u>

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: Valentina Garcia

10/27/03

786-2002416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)