
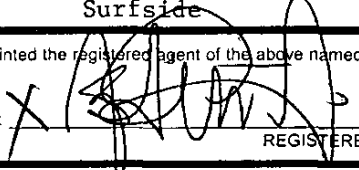
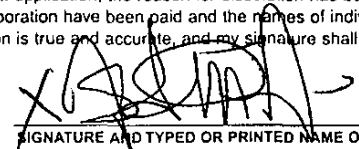


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;">CORPORATION REINSTATEMENT</div><div style="margin: 0 10px;"></div><div style="text-align: center;">FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</div></div>		<div style="text-align: center;">FILED</div> <div style="text-align: center;">05 OCT 10 PM 4:32</div> <div style="text-align: center;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="text-align: center; font-weight: bold;">200060455282</div> <div style="text-align: center;">10/10/05--01070--004 **300.00</div>	
DOCUMENT # P010000104778			
1. Corporation Name ALTAVISTA GROUP, INC.			
2. Principal Office Address 9317 Collins Avenue		3. Mailing Office Address 9317 Collins Avenue	
Suite, Apt. #, etc. 25		Suite, Apt. #, etc. 25	
City & State Surfside Florida		City & State Surfside Florida	
Zip 33154	Country U.S.A.	Zip 33154	Country U.S.A.
		4. Date Incorporated or Qualified To Do Business in Florida 10/29/2001	
		5. FEI Number 01-0561446	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 JUAN G. ALTAVISTA			
Street Address (P.O. Box Number is Not Acceptable) 9317 Collins Avenue			
Suite, Apt. #, Etc. 25			
City Surfside		State FL	Zip Code 33154
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 		JUAN ALTAVISTA Date 10/7/2005	
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
DP	JUAN G ALTAVISTA	9317 Collins Avenue #25	Surfside Florida 33154
REINSTATEMENT 04-05			
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: 		10/7/2005 (305) 535-6223	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E081 (9/01)