

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 28 PM 2:06

DOCUMENT # P02000027802

1. Corporation Name

MOSPO Properties CORP.

2. Principal Office Address

685 W 38 ST

Suite, Apt. #, etc.

City & State

Hialeah FL

Zip

33012

County

DADE

3. Mailing Office Address

8275 W 12 AVE

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33014

County

DADE

REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida

3/13/02

5. FEI Number

02-0570512

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael Osman

Street Address (P.O. Box Number is Not Acceptable)

1474 - A West 84 St

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33014

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

4/26/05

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
PD	JUAN Pulles	8275 W 12 AVE	Hialeah, FL 33014
UD	RAMON Mosquera	685 W 38 ST	Hialeah, FL 33012
S	ALINA Mosquera	685 W 38 ST	Hialeah, FL 33012

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05/11/05 01064 019 **1050.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN Pulles (President)

Date

4/26/05

Daytime Phone #

305 970-1575