


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000028095 1. Corporation Name 11N 5600 CORP.	
2. Principal Office Address 2121 Ponce de Leon Blvd.	3. Mailing Office Address 2121 Ponce de Leon Blvd.
Suite, Apt. #, etc. 1050	Suite, Apt. #, etc. 1050
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33134	Country US

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

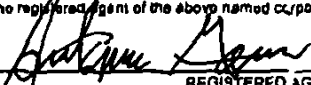
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CR2E001 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 03/14/2002	
5. FEU Number 03-0412475	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Name and Address of Current Registered Agent Name Consulting Services of South Florida Inc. Street Address (P.O. Box Number is Not Acceptable) 2121 Ponce de Leon Blvd. Suite, Apt. #, Etc. Suite 1050 City Coral Gables		State FL	Zip Code 33134
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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 3/8/2006 REGISTERED AGENT MUST SIGN	
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9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Galdos Colon, Ignacio Jesus	2121 Ponce de Leon Blvd. Suite 1050	Coral Gables, FL 33134
DS	Galdos Lauretta, Iñaki Rafael	2121 Ponce de Leon Blvd. Suite 1050	Coral Gables, FL 33134

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 contained in Chapter 119, 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	3/8/2006 Date	305-444-2213 Daytime Phone #
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TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

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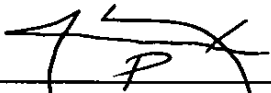
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEARS OF 2004, 2005, AND IM ALSO INCLUDING THE 2006 PAYMENT TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



IGNACIO JESUS GALDOS COLON
PRESIDENT