

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 21 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000038267

1. Corporation Name

POLARIS 3 SURVEYORS & MAPPERS, INC.

2. Principal Office Address

2945 SW 103 PLACE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33165

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

43-1960885

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

EDUARDO M. SUAREZ

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

2945 SW 103 PLACE

400024925404

11/21/03--01045--007 **150.00

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

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

Eduardo M. Suarez
REGISTERED AGENT MUST SIGN

Date 11/19/2003

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
DIR	CHANGE EDUARDO M. SUAREZ	2945 SW 103 PLACE	MIAMI, FL 33165
PRES	ADD EDUARDO M. SUAREZ	2945 SW 103 PLACE	MIAMI, FL 33165

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:

Eduardo M. Suarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/2003 (305) 480-8895

Date

Daytime Phone #

CR2E081 (10/02)

**FLORIDA DEPARTMENT OF REVENUE
ANNUAL REPORT OR REINSTATEMENT
EIN: 43-1960885
Doc # P02000038267
Re: POLARIS 3 SURVEYORS & MAPPERS, INC.**

November 19, 2003

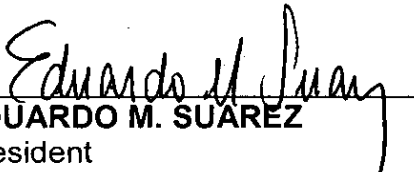
To Whom It May Concern,

I am sending this letter to explain the reason why I did not file the annual Report of **POLARIS 3 SURVEYORS & MAPPERS, INC.** located at:
2945 SW 103 PLACE MIAMI, FL 33065.

Because we never received a required form.

If you any question do not hesitate contact me to (305) 480-8895

Sincerely,


EDUARDO M. SUAREZ
President