

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Jim Smith</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 04 JUN 24 AM 10:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
<b>DOCUMENT #</b> P02000070946																																	
<b>1. Corporation Name</b>  <b>FLAVOR STATION INC</b>																																	
<b>2. Principal Office Address</b> <b>1627 NE 163 ST</b> Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> Suite, Apt. #, etc.		<b>REINSTATEMENT 03-04</b>  <b>4. Date Incorporated or Qualified To Do Business in Florida</b> 6/27/2002 <b>5. FEI Number</b> 04-3702662      Applied For Not Applicable <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																													
<b>City &amp; State</b> <b>N MIAMI BEACH, FL</b>		<b>City &amp; State</b>																															
<b>Zip</b> <b>33162</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>																														
<b>7. Name and Address of Current Registered Agent</b> <b>Name</b> <b>JUAN C. PEREZ</b> 100038433301 <b>Street Address (P.O. Box Number is Not Acceptable)</b> 06/29/04 01075 016 **065.80 <b>401 NE 22ND ST</b> Suite, Apt. #, Etc. <b>NO. 2</b> <b>City</b> <b>MIAMI</b> State      Zip Code <b>FL 33137</b>																																	
<b>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.</b> <b>Signature of Registered Agent</b> <i>Juan C. Perez</i> <b>Date</b> 6/22/04 REGISTERED AGENT MUST SIGN																																	
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director</th> <th style="width: 30%;">City / Street / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>JUAN C. PEREZ</td> <td>401 NE 22ND ST, #2</td> <td>MIAMI, FL 33137</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / Street / Zip	P	JUAN C. PEREZ	401 NE 22ND ST, #2	MIAMI, FL 33137																				
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<b>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.</b> <b>SIGNATURE:</b> <i>Juan C. Perez</i> <i>JUAN C. PEREZ</i> 6/22/04      (305) 576-8708 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #																																	