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## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	PORATION				DEPART Secretary SION OF C	y of Stat	te	Ξ	O TALL	5 DEL	FIL. S-9 SEE, FE	ED AH 11	: 21	
DOCUMENT # P02000074914										नगयु	SEE, FA	1641	7. 7.	
1. Corporation Name												ORIO	4.	_
LUPAL, INC.									EINST 12714	MU	S21		0 1690 18 **1	1-05 50.00
2. Principal Office Address 1149 SW 27 AVE				3. Mailing Office Address 1149 SW 27 AVE					1. /			(B)	<b>10</b> 9	
Suite, Apt. #, etc. 202				Suite, Apt. #, etc.					4. Date Incorp	orated or	) <i>ව ට්</i> Qualified	3 2	03	150,00
City & State				City & State					To Do Busi		orida 	<u>V1</u>	<del>- 10</del> -	Applied For
MIAMI, FLORIDA  Zip Country			MIAMI, FL				$\perp$	02-0630			_		Not Applicable	
zip 33135		SA		33135	_	USA			6. CERTIFICATE	OF STATE	JS DESIRE	D□		nal Fee required cate of Status
	At					ddress of	Current Regis	ster	d Agent					
	ÄLEJANDRO NEGREIRA													
	2293°SW 24TH TERRACE													
	Suite, Apt. #, Etc.									·		•		
	IMAIM					·· ··				State FL	331	<b>4</b> 5		
8. I, being Signature of Registered		ered ager	) 	ove named corpo			h and accept th	ne ob	oligations of section	on 607.05 Date		.0503, F	.s.	
9. Names	and Street Address	ses of Eacl	<del></del>				tions must list i	at lea	ast 3 directors)					
Titles	Name of Officers and/or Directors			Street			et Address of E	t Address of Each er and/or Director			City / State / Zip			
PD	ALEJANDRO NEGI			REIRA 2293 SW 24TH			24TH T	Έ	RRACE	MIAMI, FL 33145				
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this rei owed t	y that I am an office instatement applicat by the corporation h application is true	ion, the rea	ason for dis paid and the te, and my	solution has beer names of individ signature shall ha	n eliminated duals listed ave the san	d, the corpo on this form ne legal effe	orate name sati n do not qualify ect as if made u	sfies for a	the requirements an exemption und	s of section	n 607.040 1 119.07(3	305-	.0401, F.S., The informa	that all fees tion indicated
1	9(GŘÐAŤ	URE AND T	YPED OR PI	RINTED NAME OF	SIGNING OF	FICER OR D	DIRECTOR			Date			Daytime Phone	#

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISE THAT I NEVER RECEIVE THE FIRST NOTICE ON 2004 TO PAY THE ANNUAL FEE FOR MY COMPANY BUT THEN I SUBMITED THE ANNUAL REPORT FORM ALONG WITH THE PAYMENT OF \$150.00 AND I NEVER RECEIVED ANY NOTICE OR CONFIRMATION FROM YOUR OFFICE, BUT I AM ATTACHING A COPY OF THE CASHED CHECK BY THE DEPARTMEN OF STATE.

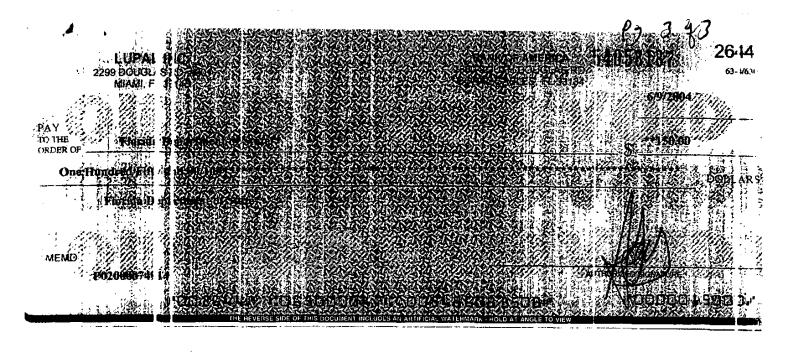
AS PER YOUR INSTRUCTION I AM ATTACHING THE 2005 REINSTATEMENT ALONG WITH THE 2005 PAYMENT, IN ORDER TO PUT MY COMPANY IN THE NORMAL STATUS.

THANK YOU FOR ALL YOUR HELP IN THIS MATTER. AND IF YOU HAVE ANY QUESTION PLEASE DO NOT HESITATE TO CONTACT US.

CORDIALLY YOURS.

ALEJANDIO NECREIRA

PRESIDEN



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DO NOT WRITE ! SIGN ! STAMP BELOW THIS LINE DEPOSITORY BANK ENDORSEMENT

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