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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR -5 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # P02000084160

1. Corporation Name

OUTLINERS SERVICES I, INC.

2. Principal Office Address  
8941 SW 142 AVENUE

3. Mailing Office Address  
13140 NW 6 TER

Suite, Apt. #, etc.  
221

Suite, Apt. #, etc.

City & State  
MIAMI FL

City & State  
MIAMI FL

Zip  
33186

Country  
DADE

Zip  
33182

Country  
DADE

4. Date Incorporated or Qualified  
To Do Business in Florida 08/02/2002

5. FEI Number  
04-3707349

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  
YAMILA NELSON

Street Address (P.O. Box Number is Not Acceptable)  
13140 NW 6 TER

Suite, Apt. #, Etc.

City  
MIAMI

State  
FL

Zip Code  
33182

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

3/25/04

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
P	LILLIAM PEREZ	8941 SW 142ND AVENUE STE 221	MIAMI FL 33186

500031807395  
04/05/04--01016--004 \*\*150.00

2/9/04 01055 010 150 20

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/25/04

Daytime Phone #

205-226-7800

CR2E081 (01/04)

PJ 2 82

Outliners Services I, Inc.  
Ms. Lilliam Perez  
8941 SW 142<sup>nd</sup> Avenue Suite 221  
Miami FL 33186-1236

March 25, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

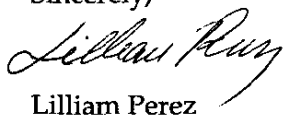
**Re: OUTLINERS SERVICES I, INC. FEI # 04-3707349**  
**Document Number P02000084160**  
**2004 Reinstatement**

This letter is being written per a Ms. Marquita, who discussed with me the 2003 reinstatement regarding Outliners Services I, Inc. During our conversation I was advised that I needed to send in the 2004 reinstatement payment along with the reinstatement form for 2004. Enclosed you will find a check for the amount of \$150.00 (check #103) along with the proper reinstatement application. I hope this will clear matters up between Outliners Services I, Inc. and the Division of Corporations.

Please, also note I have changed my mailing address to delay any future problems between us. This change has come about since I appear to be having difficulty receiving my mail in a timely manner.

Should you have any questions with regards to the enclosed, please do not hesitate to contact me at 305.226.7200

Sincerely,

  
Lilliam Perez