


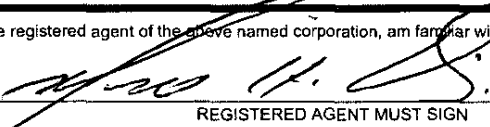
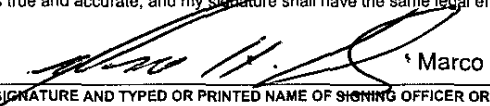
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000085653			
1. Corporation Name EL IMPERIO DE LOS INCAS CORP.			
2. Principal Office Address		3. Mailing Office Address	
Suite, Apt. #, etc. 7034 NW 50TH ST		Suite, Apt. #, etc. 7034 NW 50TH ST	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33166	Country US	Zip 33166	Country US
4. Date Incorporated or Qualified To Do Business in Florida		08-07-2002	
5. FEI Number 22-3862874		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Marco Diaz			
Street Address (P.O. Box Number is Not Acceptable) 7034 NW 50TH ST			
Suite, Apt. #, Etc. 7034 NW 50TH ST			
City Miami		State FL	Zip Code 33166
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 03-12-04	
REGISTERED AGENT MUST SIGN			
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
PSD	Marco Diaz	7034 NW 50TH ST	Miami, FL 33166
VTD	Mercedes Diaz	7034 NW 50TH ST	Miami, FL 33166
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: 		Marco Diaz, President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 03-12-04	Daytime Phone # 786 251 0627

CR2001 (9/01)

Miami, March 12, 2004

**Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314**

**Re: El Imperio De Los Incas Corp.
Doc Number P02000085653**

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2003 Uniform Business Report. We think it was sent to a different location.

We are enclosing a check for \$350.00 to cover the following fees:

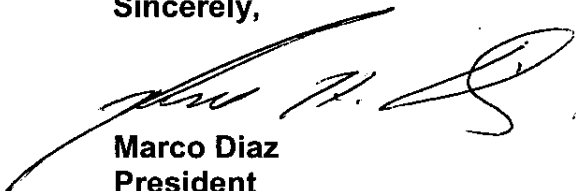
\$ 150.00 FOR 2003 Uniform Business Report

\$ 150.00 FOR 2004 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2002.

Your consideration will be greatly appreciated.

Sincerely,



**Marco Diaz
President
7034 NW 50th ST.
Miami, FL 33166**