FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 MAR -5 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

600030473906
03/15/04--01052--001 **300.00

DOCUMENT # P02000090837

1. Corporation Name

COINS SOLUTIONS, CORP.

2. Principal Office Address	3. Mailing Office Address
1617 NE 8 STREET	12216 SW 8TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOMESTEAD, FLORIDA	City & State: MIAMI, FL
Zip: 33030 Country: USA	Zip: 33184 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 08/21/02

5. FEI Number: 52-2377162 ☐ 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: RESINO, RICARDO

Street Address (P.O. Box Number is Not Acceptable): 9060 NW 8TH STREET

Suite, Apt. #, Etc.: 508

City: MIAMI State: FL Zip Code: 33172

8. I, being appointed the registered agent to 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 03/04/04

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
PD	GONZALEZ, ROBERTO	18730 NW 24 PL	PEMBROKE PINES, FL 33029
VD	RESINO, RICARDO	9060 NW 8TH STREET #508	MIAMI, FL 33172

10. I certify that I am an officer or director of 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 that none 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 all signatures shall have the same legal effect as if made under oath.

SIGNATURE: _____ 03/04/04 305-300-0597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Miami, Florida
March 4, 2004

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl 32302-1500

Re: P02000090837
COINS SOLUTIONS, CORP.
1617 NE 8 STREET
HOMESTEAD, FL 33030

To Whom It May Concern:

Upon our conversation I am enclosing the Corporation Reinstatement Form due to the fact that I never received the 1st notice of the UBR.

Please be so kind to waive any late fees that I might have and to put this corporation in its current status. Enclose there is a check for $300.00 dollars that applies to 2003 and 2004 fees per your request.

Thank you for your help and I hope that this can solve this matter and avoid further penalties.

Respectfully,

RICARDO RESINO
VICE-PRESIDENT