



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  08 APR 16 PM 2:49  SECRETARY OF STATE TALLAHASSEE, FLORIDA  500121194475 03/25/08--01017--004 **150.00  <b>REINSTATEMENT 67-68<sup>KS</sup></b>	
DOCUMENT # P 02 0000 96437					
1. Corporation Name <b>INTERPRISE INC</b>					
2. Principal Office Address - No P.O. Box # <b>9999 NE 2ND AVE</b> Suite, Apt. #, etc. <b>218</b> City & State <b>MIAMI SHORES, FL</b>		3. Mailing Office Address <b>9999 NE 2ND AVENUE</b> Suite, Apt. #, etc. <b>218</b> City & State <b>MIAMI SHORES FLORIDA</b>			
Zip <b>33138</b>	Country <b>USA</b>	Zip <b>33138</b>	Country <b>USA</b>	4. Date Incorporated or Qualified To Do Business in Florida <b>09/05/2002</b>	
5. FEI Number <b>02-0642736</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> 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 <b>UGO V CHIARATO</b> Street Address (P.O. Box Number is Not Acceptable) <b>9999 NE 2ND AVENUE</b> Suite, Apt. #, Etc. <b>218</b> City <b>MIAMI SHORES</b>					
		State <b>FL</b>	Zip Code <b>33138</b>	<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
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 <b>ly. v. Cant</b>				Date <b>MARCH 17, 2008</b>	
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	
<b>P/T/S/D</b>	<b>PEDON LORENZO</b>	<b>9999 NE 2ND AVE # 218</b>		<b>MIAMI SHORES FL 33138</b>	
500121194475 04/18/08--01008--035 **1050.00					
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 contained in Chapter 119, 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: 				Date <b>MARCH 17, 2008</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <b>(305) 899.5099</b>	

# ATTACHMENT

Florida Division of Corporations

# P02000096437

Under penalty of perjury, I never received Annual Report Notice 2006/2007

Interprise Inc. President



9999 NE 2ND AVENUE - SUITE 218  
MIAMI SHORES FL 33138

PHONE (305) 899.5099

FAX (305) 899.5095

E-MAIL MICC@ATT.NET

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