

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P020000990000**

1. Corporation Name

**Rodriguez INVESTMENT Group, INC.**

2. Principal Office Address

**60420 SW 158 PASS**

Suite, Apt. #, etc.

3. Mailing Office Address

**60420 SW 158 PASS**

Suite, Apt. #, etc.

City & State

**Miami fl**

City & State

**Miami fl**

Zip

**33193**

Country

**US**

Zip

**33193**

Country

**US**

**REINSTATEMENT 03-04**

**900026859579  
01/13/04--01073--003 \*\*150.00**

**900026859579  
02/16/04--01028--010 \*\*30.00**

4. Date Incorporated or Qualified  
To Do Business in Florida

**01/01/02**

5. FEI Number **75-3129795** 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 **Adrianez Rodriguez**

Street Address (P.O. Box Number is Not Acceptable)

**60420 SW 158 PASS**

**900026859579  
03/03/04 01013 015 \*\*150.00**

Suite, Apt. #, Etc.

City **Miami**

State **FL** Zip Code **33193**

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

**Adrianez Rodriguez**

Date **1/07/04**

REGISTERED AGENT MUST SIGN

CR2001 (10/02)

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	<b>Jorge L Rodriguez</b>	<b>60420 SW 158 PASS</b>	<b>MIAMI FL 33193</b>
VP	<b>Adrianez Rodriguez</b>	<b>60420 SW 158 PASS</b>	<b>MIAMI FL 33193</b>

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: **Adrianez Rodriguez** Date **01/07/04** Daytime Phone # **2053459020**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Daytime Phone #

RODRIGUEZ INVESTMENT GROUP, INC

January 7, 2004

Dept of State  
Division of Corporations  
P.O Box 6327  
Tallahassee, Fl 32314

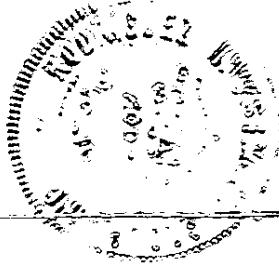
Dear Sir or Madam:

Please use this letter as our formal request to reinstate our corporation and have the reinstatement fee waived due to the fact that the annual report was not received in our mailing address. If you have any questions, please feel free to contact us at (305)345-9020

Sincerely,



Adianez Rodriguez  
Vice President



6420 SW 158 PASSAGE • MIAMI, FL • 33193  
PHONE: (305)345-9020 • FAX: (305)969-8853