


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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FILED

05 MAY 13 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P0200011164

1. Corporation Name

Lucris Enterprises, Inc.

2. Principal Office Address

5310 SW 88 Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33168

Country

USA

Zip

33168

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

90-0048714

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

LENIA GARCIA

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

5310 SW 88 Ct.

Suite, Apt. #, Etc.

City

Miami

State

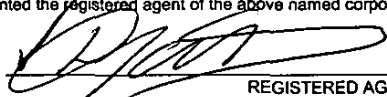
FL

Zip Code

33168

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



REGISTERED AGENT MUST SIGN

Date 4-11-05

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
S/D	GARCIA, LENIA	5310 SW 88 Ct.	Miami, FL 33168
P/D	TREJO, Jorge	5310 SW 88 Ct.	Miami, FL 33168

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:

 LENIA GARCIA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05 305-775-9104  
Date Daytime Phone #

CR2E081 (01/05)

**SOUTHWEST ACCOUNTING CENTER, INC.**

P.O. BOX 971577  
Miami, FL 33197-1577

Phone 305-255-2511

Fax: 305-255-7313

E-mail: swacctg@bellsouth.net

April 11, 2005

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

RE: Lucris Enterprises Inc. 70200011164

Gentlemen:

Please be advised that my clients did not receive any notice of the annual fee being due or any notice that their corporation had been dissolved. Enclosed please find a check in the amount of \$458.75 to cover 2003, 2004 and 2005 annual report and \$8.75 for the Certificate Status.

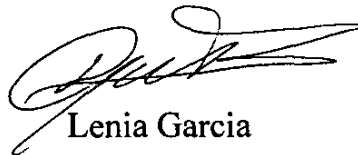
We are asking that you waive the penalties and reinstate our clients corporation.

Thank you so much for your prompt and courteous attention in this matter.

Sincerely,

SOTUHWEST ACCOUNTING CENTER, INC.

Regina Lloret  
President



Lenia Garcia

enc  
RLL/cll