


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000115062

1. Corporation Name
SUBCONTRATA INTERNATIONAL CORPORATION

2. Principal Office Address 129 SE 4TH STREET Suite, Apt. #, etc. # 2 City & State HALLANDALE BEACH, FLORIDA Zip 33009 Country USA		3. Mailing Office Address 129 SE 4TH STREET Suite, Apt. #, etc. # 2 City & State HALLANDALE BEACH, FLORIDA Zip 33009 Country	
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REINSTATEMENT 07-04

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
05-0542335
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
WALTER NALVARTE

Street Address (P.O. Box Number is Not Acceptable)
129 SE 4TH STREET
Suite, Apt. #, Etc.
2
City
MIAMI

200032611292
04/13/04--01061--003 **150 00

State
FL

Zip Code
33009

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 *[Signature]* Date 04/07/2004
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
PST-D	WALTER NALVARTE	129 SE 4TH STREET, # 2	MIAMI, FL 33009

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: *[Signature]* Date 4/7/04 Daytime Phone # 954-558-6510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

Miami, August 13, 2003

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

Re: **SUBCONTRATA INTERNATIONAL CORPORATION**
Doc Number P02000115062

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 \$150 to cover the following fees:

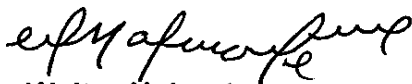
2004 Uniform Business Report

We are enclosing also copy of check # 139 for the amount of \$150.00 for the Uniform Business Report for 2003 already retain by your department.

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,



Walter Nalvarte
President
29 SE 4th Street
Hallandale Beach, FL 33009