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	PORATION STATEMEN	T ()	<i>y</i>	DEPART Secretary	of Sta	te	ATE		05 11	 		00		
DOCUMENT # P02000118962 1. corporation Name FLorida One lavestment, lac.							05 JUL 26 MM 1: 09							
	Office Address	3. Mailing Office Address									nC	ζ.		
Suite, Apt. #,		Suite, Apt. #, etc.					- 05							
S- 109 B			00.00.						4. Date Incorporated or Qualified To Do Business in Florida 1//5/02					
City & State M/4m/ FL			City & State	City & State					5. FEI Number Applied For					
Zip 33186	Cou	ntry ISA	Zip		Country			6. CERTIFICATE				Not App	required	
	7. Name and Address of Current Registered Agent									estineate of v	Julius			
	Name Henry Fernander Street Address F.O. Box Number is Not Acceptable) 8 9 00 5 w 117 kvc Suite, Apt. #, Etc. 5 - 108 B City State Zip Code													
	MIAN								FL	33				
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 Date Date Date OTIDIO											CR2E081 (01/05)			
9. Names a	and Street Address	es of Each Officer ar	nd/or Director (Fl	orida nonprof	fit corporat	ions must	list at leas	st 3 directors)						
Titles	Offi	Street Address of Eacl Officer and/or Directo												
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								<u> </u>	<i>,</i> -					
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.												es		
SIGNATURE: 07/04/05 305-265-9300 SIGNATURE ANATYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #														

July 14, 2005

Secretary of State
Florida Department of State
R.A. Gray Building
500 S. Bronough
Tallahassee, FL 32399-0250

RB: Florida One Investment, Inc. 8900 SW 117th Avenue Ste 108-B Miami, FL 33186 FEIN: 20-1672906 Document No.: P04000125945

Dear sir/madam:

This letter is in response to your notice of intent to dissolve. We kindly ask the State of Florida to reinstate Florida One Investment, Inc. (FEIN 41-2074575) corporate status for the following reason:

 The corporation had never received the original Uniform Business Report that changed from a large package envelope to a postcard. Therefore, management was unaware and uniformed and did not pay their corporate filing fees for 2005.

Enclosed please find the completed reinstatement form and the \$150.00 annual fee.

We thank you in advance and appreciate your consideration in this matter. If you have any further questions, please contact our office at (305) 595-1783 x. 222.

Sincerely,

Jorge A. Rodriguez, CPA

A. Rodriguez, CPA & Associates, P.A.