

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

CORPORATION REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 04 JUL 20 PM 3:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P02000133612
 1. Corporation Name
 OMEGA GROUP CORPORATION

Handwritten initials

2. Principal Office Address 3300 NE 192 ST. Suite, Apt. #, etc. #903 City & State AVENTURA, FL Zip Country 33180 USA		3. Mailing Office Address P.O. BOX 801342 Suite, Apt. #, etc. City & State AVENTURA, FL Zip Country 33280 USA	
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REINSTATEMENT 03-04
 WDP

4. Date Incorporated or Qualified To Do Business in Florida 12/23/2002	
5. FEI Number 33-1038141	Applied For 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 LEON EGOZI, CPA	
Street Address (P.O. Box Number is Not Acceptable) 19495 BISCAYNE BLVD. Suite, Apt. #, Etc. STE 705	
City AVENTURA	State Zip Code FL 33180

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0103, F.S.

Signature of Registered Agent: *[Signature]* Date: 7/16/04
 REGISTERED AGENT MUST SIGN

CR2E081 (07/04)

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
PD	GHELMAN, JAIME	18 VE JULIO 985 2ND FLOOR	MONTEVIDEO, URUGUAY
VD	KAC, MIKAEL	3300 NE 192 ST. #903	AVENTURA, FL 33180

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: 7/16/04 305 6100504
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

2052

Leon Egozi, P.A.

Certified Public Accountant

19495 Biscayne Boulevard, Suite 705
Aventura, Florida 33180

Phone: (305) 937-2664
Fax: (305) 937-0128

July 14, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Omega Group Corporation
EIN: 33-1038141
Document # P02000133612

Dear Sir / Madam:

Included please find the application for reinstatement for the above referenced taxpayer along with a check for \$300.00.

The corporation never received correspondence from the Division of Corporations because the address on file was incorrect.

Please reinstate the corporation and waive the reinstatement fee of \$600.00

Sincerely,



Leon Egozi, P.A.
Certified Public Accountants

Enclosures