


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b> <b>05 SEP 22 PM 4: 24</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>  <b>500060086145</b> <b>09/29/05--01059 -012 **1050.00</b>  <b>CR2E081 (8/05)</b>	
<b>DOCUMENT # P03000000045</b>				
<b>1. Corporation Name</b>  Inversiones Itrela, Corp.				
<b>2. Principal Office Address</b>  782 NW 42 Ave Suite, Apt. #, etc. 635 City & State Miami, Florida Zip 33126 Country USA		<b>3. Mailing Office Address</b>  782 NW 42 Ave Suite, Apt. #, etc. 635 City & State Miami, Florida Zip 33126 Country USA		
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> Dec 30. 2002		
		<b>5. FEI Number</b> None <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
<b>7. Name and Address of Current Registered Agent</b>				
Name Dionino Romagnoli				
Street Address (P.O. Box Number is Not Acceptable) 782 NW 42 Avenue				
Suite, Apt. #, Etc. 635				
City Miami		State FL	Zip Code 33126	
<b>8.</b> 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 <u><i>D. Romagnoli</i></u> Date <u>Sept. 13, 2005</u> REGISTERED AGENT MUST SIGN				
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>				
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
D	Mazza, Luiqi	782 NW 42 Ave, #635	Miami, FL 33126	
D	Romagnoli, Dionino	782 NW 42 Ave, # 635	Miami, FL 33126	
<b>10.</b> 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.				
<b>SIGNATURE:</b> <u><i>Luigi Mazza</i></u> , Luigi Mazza <u>Sept. 13, 2005</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				

# NICOLAS FERNANDEZ, P.A.

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September 15, 2005

**Via registered mail**

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

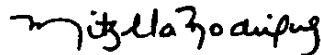
***Re: Inversiones Itrela Corp.(the "Corporation") - Document No.P03000000045***

Dear Sir or Madam:

Enclosed herewith please find Corporation Reinstatement and check no. 8088 in the amount of \$1,050.00 made payable to Department of State representing the reinstatement of the corporation. If you should have any questions or comments, please do not hesitate to contact this office. Thank you.

Very truly yours,

NICOLAS FERNANDEZ, P.A.



Mitzela Rodriguez, Legal Assistant  
For the Firm

Enclosure