


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000008885		
1. Entity Name OLIVA INVESTMENT GROUP, INC.		

FILED
05 OCT 17 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 255 ALHAMBRA CIR SUITE 680 CORAL GABLES, FL 33134 US	Mailing Address 255 ALHAMBRA CIR SUITE 680 CORAL GABLES, FL 33134 US
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2. Principal Place of Business 2121 Ponce de Leon Blvd Suite, Apt. #, etc. 340	3. Mailing Address 2121 Ponce de Leon Blvd Suite, Apt. #, etc. 340
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10062005 REIN-P CR2E098 (6/04)

City & State Coral Gables FL	City & State Coral Gables FL
Zip 33134	Country USA

4. FEI Number 35-2193767	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

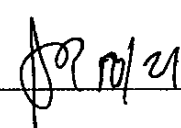
6. Name and Address of Current Registered Agent OLIVA, ALFREDO JR 255 ALHAMBRA CIR SUITE 680 CORAL GABLES, FL 33134	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES OLIVA JR., ALFREDO 255 ALHAMBRA CIRCLE SUITE 680 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Oliva Jr., Alfredo 2121 Ponce de Leon Blvd #340 Coral Gables, FL 33134 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. OLIVA, ALFREDO 255 ALHAMBRA CIRCLE SUITE 680 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. Oliva, Alfredo 2121 Ponce de Leon Blvd #340 Coral Gables, FL 33134 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700060688061 10/17/05--01067--016 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 10/06/2005	Daytime Phone # (305) 446-1007
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OLIVA INVESTMENT GROUP, INC.

2121 Ponce de Leon Blvd.
Suite 340
Coral Gables, FL 33134

10/6/2005

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

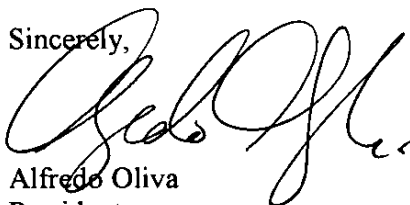
RE: Oliva Investment Group, Inc.
Doc #P03000008885
FEI # 35-2193767

Dear Sir/Madam:

This is to inform you that we had not received the annual report form year 2005 due to the fact that you have the wrong address in your records, please waive the fees since I assumed my report was filed on time.

These instructions were given to me by phone today by: Mr. Michelle Milligan please find enclosed the report and check for the year 2005 for the amount of \$150.00

Sincerely,



Alfredo Oliva
President