PLEASE READ ALL INSTRUCTIONS BEFORE COM

FILED

2007 FEB 16 PM 4:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

000039299030
02/27/07--01010--009 **1050.00

DOCUMENT # P03000020442

1. Corporation Name

ALELU ENTERPRISES INC

REINSTATEMENT 0507

2. Principal Office Address	3. Mailing Office Address
7095 SW 158TH PATH	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami	City & State: FL 33193
Zip: 33193 Country: USA	Zip: Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/20/2003

5. FEI Number: 71-1024811 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $37.5 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Luis Martinez

Street Address (P.O. Box Number is Not Acceptable): 7095 SW 158TH Path

Suite, Apt. #, Etc:

City: Miami State: FL Zip Code: 33193

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: Luis Martinez — Date: 2-15-07

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
PD	Luis Martinez	7095 SW 158TH Path	Miami FL 33193
T/S	Aleida Martinez	7095 SW 158TH Path	Miami FL 33193

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: Luis Martinez 2-15-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #