


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUL -3 AM 9:40
DA

DOCUMENT # P03000037817
1. Corporation Name
Prado & Lima Corporation

2. Principal Office Address 820 Cypress Park Way		3. Mailing Office Address 820 Cypress Park Way	
Suite, Apt. #, etc. # H		Suite, Apt. #, etc. # H	
City & State Pompano Beach, FL		City & State Pompano Beach, FL	
Zip 33064	Country U.S.A.	Zip 33064	Country U.S.A.

CR2E081(12/05) 04/06

4. Date Incorporated or Qualified To Do Business in Florida **04/03/2003**

5. FEI Number **510456312**

Applied For	
Not Applicable	

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

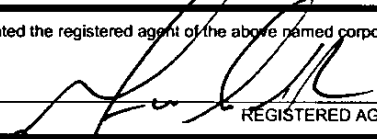
Name
U.S.A. Tax Corporation

Street Address (P.O. Box Number is Not Acceptable)
6665 Via Regina -

Suite, Apt. #, Etc.

City **Boca Raton** State **FL** Zip Code **33433**

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 **06/30/2006**

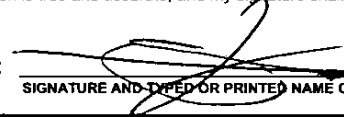
REGISTERED AGENT MUST SIGN

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
P	Jose Prado Lima	820 Cypress Park Way # H	Pompano Beach- FL, 33064

100077384371
07/12/06--01017--005 **450.00

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 contained in Chapter 119, 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:  06/30/2006 561-929-1248

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

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FLORIDA DEPARTMENT OF STATE
Division of Corporation
2006 Uniform Business Report (UBR)
P.O. Box 6327
Tallahassee, FL 32314

Re: Filing of Uniform Business Report 2003
P03000037817
PRADO & LIMA CORPORATION.


To Whom It May Concern:

This letter is to inform you that we have never received a Uniform Business Report form by the mail, for this reason my company became inactive.

We would like to request you that you forgive all extra fees and penalties other than the primary of \$150.00 per year and accept the filling of our attached Corporation Reinstatement Form, which has been prepared by our accountant. Please find enclose a check of \$450.00 for 2004, 2005, 2006 UBR fees.

Any questions of concern, feel free to contact our accountant at (561) 361-0902 and speak to Mr. Marco Reis.

Sincerely,


+ José Prado Lima - President
Prado & Lima Corporation.