
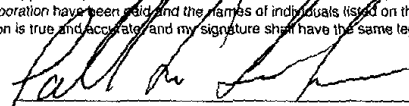


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;">CORPORATION REINSTATEMENT</div><div style="margin: 0 10px;"></div><div style="text-align: center;">FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</div></div>		FILED 05 MAY -9 PM 2:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P03000043858			
1. Corporation Name SANCHEZ & SALAZAR ENTERPRISES, INC.			
2. Principal Office Address 1087 MARY FRANCES DR. <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 1087 MARY FRANCES DR. <small>Suite, Apt. #, etc.</small>	
City & State KISSIMMEE FL		City & State KISSIMMEE FL	
Zip 34741	Country OSCEOLA	Zip 34741	Country OSCEOLA
4. Date Incorporated or Qualified To Do Business in Florida			
5. FEI Number 04-3754664		Applied For <input type="checkbox"/> 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 PABLO SANCHEZ			
Street Address (P.O. Box Number is Not Acceptable) 1087 MARY FRANCES DR. 400054693624 05/17/05-01080--013 **150.00			
Suite, Apt. #, Etc.			
City KISSIMMEE		State FL	Zip Code 34741
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	
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	SANCHES PABLO	1087 MARY FRANCES DR.	KISSIMMEE FL 34741
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: 		Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

May 2, 2005

Department of State
Division of Corporations
409 East Gaines ST.
Tallahassee, FL 32399
Ref: SANCHEZ & SALAZAR, Inc.

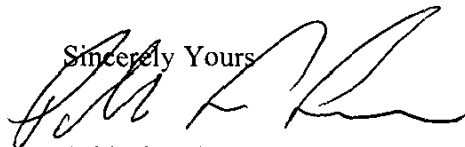
Dear Sirs,

Through this letter, I submit to you the form "Corporation Renewal" from SANCHEZ & SALAZAR, INC. Document No. P03000043858 filed on 04-17-03.

I never received the form on time, for that reason I like to ask a waiver on the penalty for non-renewal annual report form.

Please consider this circumstantial reason as an excuse for my request. Enclose one hundred fifty (\$150.00) dollars for a corporation fees on 2005. Thank for you attention to this important matter.

Sincerely Yours

A handwritten signature in black ink, appearing to read 'Pablo Sanchez', written over the typed name.

Pablo Sanchez
Officer
Sanchez & Salazar Inc.