
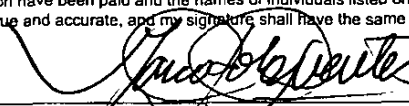


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000101609			
1. Corporation Name M. Puentes y Asociados, Corp.			
2. Principal Office Address 167-01 NE 21 Ave Suite, Apt. #, etc. 208 City & State North Miami Beach, FL Zip 33162-3323 Country USA		3. Mailing Office Address 167-01 NE 21 Ave Suite, Apt. #, etc. 208 City & State North Miami Beach, FL Zip 33162-3323 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 20-0232569	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Name and Address of Current Registered Agent Name MARCO POLO Puentes Street Address (P.O. Box Number is Not Acceptable) 167-01 NE 21 Ave # 208 Suite, Apt. #, Etc. North Miami Beach City State FL Zip Code 33162-3323			
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
P	MARCO POLO Puentes	167-01 N.E. 21 AVE #208	NORTH MIAMI BEACH FL 33162-3323
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: 		03 31 05 3054678937	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E081 (01/05)

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AM & ASSOCIATES, PA
1689 NE 123RD STREET
NORTH MIAMI, FLORIDA 33181
TEL: (305)893-2669 FAX: (305)891-3458
E-MAIL: mabelromaniuk@bellsouth.net

March 31, 2005

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION
P.O.BOX 6327
TALLAHASSEE, FLORIDA

SUBJECT: M. PUENTES Y ASOCIADOS, CORP.

IN REFERENCE TO OUR PHONE CONVERSATION ON MARCH 30,2005,
I AM ENCLOSING 2005 FOR PROFIT CORPORATION REINSTATEMENT
FORM WITH THE FEI AND SIGNATURE.

I AM ALSO ENCLOSING A CHECK FOR THE AMOUNT OF \$300.00 FOR
2004 AND 2005 ANNUAL REPORT .

I AM REQUESTING A WAIVER FOR THE REINSTATEMENT FEES, MY CLIENT
HAS NEVER RECEIVED ANY NOTICE FROM THE FLORIDA DEPT . OF STATE.
FOR FURTHER INFORMATION, PLEASE CALL OUR OFFICE.

I APPRECIATE YOUR PROMPT RESPONSE TO THIS MATTER.

SINCERELY,


MABEL ROMANIUK, PA