## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION SECRETARY OF STATE SECRETARY OF SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF SECRETARY OF SECRETARY OF SECRET	FILED  11 OCT -5 AM 9: [1  SECRETAR OF STATE
2. Principal Office Address - No P.O. Box #  12520 Sw 31 ST  Suite, Apt. #, etc  City & State  City & State  City & State  Country  Country  Zip  Country	CR2E081 (11/10)  4. Date Incorporated or Qualified To Do Business in Flonda 10/10/2003  5. FEI Number  200296606  Applied For Not Applicable  6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required
7. Name and Address of Current Registered Agent  Name ARCADIO O, MAVIELL  Street Address (P.O. Box Number is Not Acceptable) 12520 SW 31 ST  Suite, Apt. #, Etc  City MIAMi  State Zip Code FL 3317J	500212963275 10/05/1101029011 **900.00
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	
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list     Name of Street Address of Officer and/or Director (Florida nonprofit corporations must list     Name of Street Address of Officer and/or Director (Florida nonprofit corporations must list	Each Cdv / State / 7in
Officers and/or Directors Officer and/or Directors	ector
P AVCADIO O. HAVIELL 12520 SW	31 ST MIAM, HA 33175
S ESTHER MARTELL 12520 SW 31 ST MIAM, FIA 33175  TS 10/6/11  REINSTATEMENT 10-11	
10. E-mail Address:  (To be used for future annual report notification)  11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am award that false information automates the focument to the Department of Stage constitutes a third degree felony as provided for in s. 817.155. F.S.  SIGNATURE:    A   C   O   O   O   O   O   O   O   O   O	