


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000124872 1. Entity Name BUSCAR INC.	
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FILED
 06 MAY 16 AM 11:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 1441 NE 111 ST MIAMI, FL 33162	Mailing Address 1441 NE 111 ST MIAMI, FL 33162
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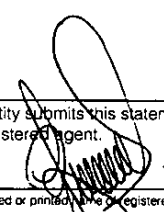
2. Principal Place of Business 9524 NW. 3rd AVE Suite, Apt. #, etc.	3. Mailing Address 9524 NW. 3rd AVE Suite, Apt. #, etc.
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04132006 REIN-P CR2E098 (11/05)

City & State Miami Florida	City & State Miami FLA.	4. FEI Number 27-0072094	Applied For Not Applicable
Zip 33150	Country USA	Zip 33150	Country U.S.A.
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BUSTAMANTE, FELIX R 1441 NE 111 ST MIAMI, FL 33162	7. Name and Address of New Registered Agent Name BUSTAMANTE FELIX R Street Address (P.O. Box Number is Not Acceptable) 9524 NW. 3rd AVE. City MIAMI FL Zip Code 33150
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

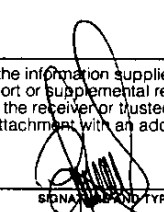
SIGNATURE:  DATE: **05-14-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSTAMANTE, FELIX R 1441 NE 111 ST MIAMI, FL 33162	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			BUSTAMANTE FELIX R 9524 NW. 3rd AVE. MIAMI FLA. 33150
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			000075547020 05/31/06--01015--003 **908.75
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			B 5/24/06 REINSTATEMENT
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **05-14-06** 786-2951538

Signature, typed or printed name of signing officer or director Date Daytime Phone #