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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P04000010134</b>			
<b>1. Corporation Name</b> VARGAS PUNCHOUT & CLEANING, INC			
<b>2. Principal Office Address</b> 2441 SW 83RD CT Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 2441 SW 83RD CT Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33155	Country USA	Zip 33155	Country USA

FILED

07 OCT 30 AM 11:38

CLERK OF THE COURT  
JANUARY 1, 2004  
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-07

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 01/13/2004	
<b>5. FEI Number</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>		
Name ALBERTO VARGAS		
Street Address (P.O. Box Number is Not Acceptable) 2441 SW 83RD CT		
Suite, Apt. #, Etc.		
City MIAMI	State FL	Zip Code 33155

**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

*Vargas*

REGISTERED AGENT MUST SIGN

Date 10-29-2007

**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	ALBERTO VARGAS	2441 SW 83RD CT	MIAMI, FL 33155

800112129198  
11/08/07--01051--004 \*\*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 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:

*Vargas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-2007

Date

Daytime Phone #

CR2E081 (01/04)

2/10/30

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DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE REINSTATEMENT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

BE ADVICE THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEARS OF 2005, 2006 & 2007 FROM YOUR OFFICE TO PAY THE ANNUAL FEES FOR MY COMPANY. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER. AND IF YOU HAVE ANY FURTHER QUESTION PLEASE FEEL FREEE TO CONTACT US.

CORDIALLY YOURS,

  
\_\_\_\_\_  
ALBERTO VARGAS  
PRESIDENT/DIRECTOR