

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

06 APR 19 AM 8:05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P04000040796

1. Corporation Name GIRASSOLES CORP

2. Principal Office Address 5757 COLLINS AVE.

Suite, Apt. #, etc. #1404

City & State MIAMI BEACH, FL

Zip 33140

3. Mailing Office Address 5757 COLLINS AVE

Suite, Apt. #, etc. #1404

City & State MIAMI BEACH, FL

Zip 33140

Handwritten notes: 05/02/05 90379 011 15a.w, 1/24/05 90036 022 15895, REINSTATEMENT CR2E081 (12/05) 05-06

4. Date Incorporated or Qualified To Do Business in Florida 3/3/04

5. FEI Number: 20-1429463

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name VIRGILIO VARA

Street Address (P.O. Box Number is Not Acceptable) 5757 COLLINS AVE #1404

Suite, Apt. #, Etc.

City MIAMI BEACH

State FL

Zip Code 33140

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 [Signature]

Date 3/10/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: P, VIRGILIO VARA, 5757 COLLINS AVE #1404, MIAMI BEACH FL 33140. Includes handwritten signature and date 2/28/06.

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 contained in Chapter 119, 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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/28/06 (305) 864 4388

Daytime Phone #

PH 2/8/06

Girassoles Corp
5757 Collins Ave. #1404
Miami Beach, FL 33140

February 8, 2006

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

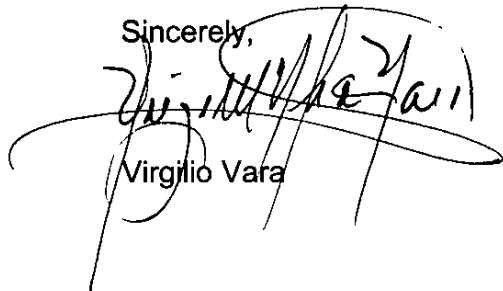
RE: Girassoles Corp
#P04000040796

Dear Sirs:

I am writing to you in regards to my annual report for 2005. I was told that it was rejected. I never received the rejection letter and I would appreciate it if you could waive the \$600.00 penalty and reinstate my corporation. My federal Id number is 20-1429463. I also would like to apply the \$150.00 overpayment toward the 2006 annual report.

Please let me know if you need any additional information to resolve this matter.

Sincerely,


Virgilio Vara