PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS							FILED 06 MAY -5 PM 12: 30				
DOCUMENT # P04000041784 1. Corporation Name							SECRETAMY OF STATE TALLAHASSEE, FLGILJA				
3 M'S ALVAREZ_JACINTO, CORP.							4 () l	<u>70</u> 0	'50 3952 1074012 **	2 -4 	oa
2. Principa	al Office Addre	999	3. Mailing Office	ice Addres		—	03/ cc/ v	Ub u	[U[4∩τ⊏	*300.c	טנ
1		. 173 St.	1		1. 173 St	+. /			CR2E081 (12/05)		
Suite, Apt. #		<u> </u>	Suite, Apt. #, etc		• · · · · · · · · · · · · · · · · · · ·	<u></u>	<u> </u>		· ·		
							4. Date Incorp. To Do Busir			a/20(14
City & State			City & State				5. FEI Number				olied For
Miam:	i, FL	Country	Miami	., FL	Country			8284	84		Applicable
_З азава			Zip 33187	']	6. CERTIFICATE		S8.75 A	Additional F Certificate	Fee required
3310		US	33187		US ddress of Current	- Decister		-	101-0	Certificans	ថា Siarus
•	Street Add 1475 Suite, Apt.	ALVAREZ-JACINTO, MARLENE Street Address (P.O. Box Number Is Not Acceptable) 14752 S.W. 173 St. Sulte, Apt. #, Etc. City Miami						State FL	Zip Code 33187		
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 126-66 REGISTBRED AGENT MUST SIGN											
9. Names	and Street A	Addresses of Each Officer and	Vor Director (Florid	Ja nonprofi	it corporations mus	st list at lea	ast 3 directors)				
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip			
P	ALVAR	REZ-JACINTO,	'52 S.W.	173	3 St. Miami, FL 33187						
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			8		STATI	EMM		5-6	He		
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 filling 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 AND TYPED OR PRINTED NAMAOF SIGNING OFFICER OR DIRECTOR Date Devime Phone #											
	ĐI.	GNATURE AND I THEN ON PRO	NTED NAME OF SIG	MING OFFE	CER OR DIRECTOR	I .		Date	Daytime	Phone #	1





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March 13, 2006

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

Re: 3 M's Alvarez-Jacinto, Corp.

Document No. P04000041784

Please be advised that the above corporation did not receive the annual report notice in the year it was dissolved which was 2005, and subsequently did not receive any of them for the years then after.

Enclosed please find the corporation reinstatement form along with a check in the amount of \$ 300.00 covering the annual report fees from 2005 and 2006.

If you have any questions, please do not hesitate to contact us.

Sincerely:

OCARIZ, GITILIN & ZOMERFELD, LLP

Hiram Ocariz, C.P.A. For the Firm

Encl.

999 Ponce de Leon Blvd. Suite 1045 Coral Gables, FL 33134 Tel 305.444.8288 Fax 305.444.8280 www.ogz-cpa.com

Members of:

American Institute of Certified Public Accountants Florida Institute of Certified Public Accountants National Association of Certified Valuation Analysts