## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

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	RPORATI STATEM	3 E 147.78		ecretary	MENT ( of State	ı	E		DEC 2	28 Al1 IO:		, –
DOCUMENT # P04000059246  1. Corporation Name								TΑ	LLAHAS	ARY OF STAT RSEE, FLORI	DA	
INTERCAPITALES / WINDSOR, INC.												
•	N. 11 S		3. Malling Office Address 51 S.W. 11 ST.				c de la company	)ZIAI <b>C</b>	rat	eraen	Ŧ	(F)
Suite, Apt. # 1332	2		Suite, Apt. #, etc. # 1332				1	4. Date Incorp		Qualified 04/0	)7/200 <sub>1</sub>	4
City & State	l, FLOF	RIDA	City & State MIAMI, FLORIDA				5. FEI Numbe		0-17	VA	pplied For	
Zip 33130				33130 Country USA				G. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status				
	7. Name and Address of Current Registered Agent											
	ÄPARICIO, MARCO											
	Street Address (P.O. Box Number is Not Acceptable)							100063317211 01/10/0801941004 **150 00				
	#1933210								-00	<del>Jacara Cou</del>	7710	<del>31</del> 00
	AIM	MI							State <b>FL</b>	<i>₫</i> 3130		
8. I, being	appointed the	e registered agent of the abo	ve named corpor	ration, am f	amillar with a	and accept ti	he ob	ligations of section	on 607.050	5 or 617.0503, F.	S.	
Signature of Registered Agent MONTO PARTIES REGISTERED AGENT MUST SIGN								·	Date <sub>-</sub>	DECEME	BER 27	, 2005
9. Names	and Street A	ddresses of Each Officer and	d/or Director (Flo	rida nonpro	fit corporation	ns must list	at lea	ast 3 directors)				
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director					City / State / Zip			
Р	APARICIO, MARCO			51 S.W. 11 ST. #1				1332	MIAMI FL 33130			
	!											

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 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: MORLO CONTOUR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-27-2005

Daytime Phone #

2/2

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

TO WHOM IT MAY CONCERN:

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

PLEASE BE ADVICE THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEAR OF 2005 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. 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 PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

MARCO APARICIO PRESIDENT

MOUNTE CONDOM