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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 OCT 12 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> <i>P04000110461</i>			
<b>1. Corporation Name</b> <i>First Class Real Estate Services, Inc</i>			
<b>2. Principal Office Address</b> <i>13930 S.W. 47 street</i>		<b>3. Mailing Office Address</b> <i>13930 S.W. 47 street</i>	
<b>Suite, Apt. #, etc.</b> <i>ste, 205</i>		<b>Suite, Apt. #, etc.</b> <i>suite 205</i>	
<b>City &amp; State</b> <i>Miami, FL</i>		<b>City &amp; State</b> <i>Miami, FL</i>	
<b>Zip</b> <i>33175</i>	<b>Country</b> <i>USA</i>	<b>Zip</b> <i>33175</i>	<b>Country</b> <i>USA</i>

*09/27/06 01059 007 300.00*  
CR2E081 (12/05)

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <i>July 27, 2004</i>	<b>5. FEI Number</b> <i>20-1414687</i>	<input type="checkbox"/> <b>Applied For</b>
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<input type="checkbox"/> <b>Not Applicable</b>
<b>\$8.75 Additional Fee required for a Certificate of Status</b>		

<b>7. Name and Address of Current Registered Agent</b>		
<b>Name</b> <i>Rodolfo Sibless</i>		
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <i>13930 S.W. 47 street</i>		
<b>Suite, Apt. #, Etc.</b> <i>#205</i>		
<b>City</b> <i>Miami</i>	<b>State</b> <i>FL</i>	<b>Zip Code</b> <i>33175</i>

**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



REGISTERED AGENT MUST SIGN

Date *10.11.06*

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

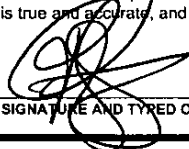
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>D</i>	<i>Rodolfo Sibless</i>	<i>13930 S.W. 47 street #205</i>	<i>Miami, FL 33174</i>

*B 10/18/06*

**REINSTATEMENT** *DS-DB*

**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:



*Rodolfo Sibless*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *10.11.06* Daytime Phone # *345-905-0100*

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September 26, 2006

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

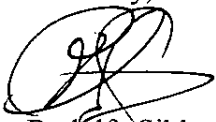
To Whom It May Concern:

2605

The purpose of this letter is to request to have the reinstatement fee waived, the reason being I never received the annual report notice.

I would like to thank you in advance for your help in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rodolfo Siblesz', with a stylized flourish at the end.

Rodolfo Siblesz  
President

First Class Real Estate Services  
Document No. P04000110461