

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 19 PM 3:41

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000159684

1. Corporation Name

10997 PROJECT, INC.

2. Principal Office Address - No P.O. Box #

11550 SW 97 AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 163200

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33176

Country

USA

City & State

MIAMI, FL

Zip

33116

Country

USA

REINSTATEMENT

CF2E08141071

05-07

4. Date Incorporated or Qualified
To Do Business in Florida

11-23-2004

5. FEI Number

26-0279452

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRE:

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

AMADO EGVED

Street Address (P.O. Box Number is Not Acceptable)

11550 SW 97 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

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]

REGISTERED AGENT MUST SIGN

Date 6/1/07

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
P	Sigler Investment, Inc.	P.O. BOX 163200	MIAMI, FL 33116
D	LEONEL DIAZ	7776 NW 169 ST	MIAMI LAKES, FL 33016

700104065397

06/07/07--01041--006 **1050.00

6/1/07

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] SIGLER INVESTMENTS INC. JOSE I. SIGLER

Date

6/1/07

Daytime Phone #

786 367 9814

SIGLER INVESTMENTS, INC.

P.O. BOX 163200
Miami , Florida 33116-3200
Phone-786-367-9814
Fax- 786-242-8803

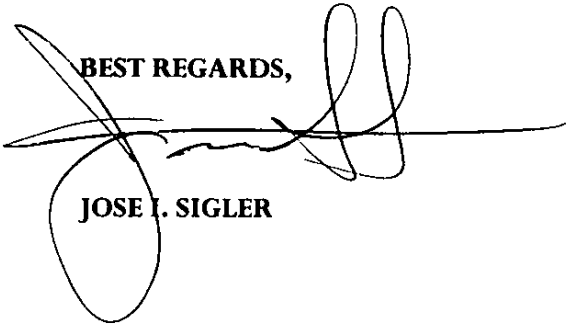
JUNE 13TH, 2007

ATTN: TINA D. CARTER

**I JOSE I. SIGLER, AM THE PRESIDENT OF SIGLER INVESTMENTS, INC.,
MY ADDRESS IS: 10811 NW 18 STREET, PEMBROKE PINES, FLORIDA 33026
IF YOU HAVE ANY OTHER QUESTIONS PLEASE FEEL FREE TO CALL.**

BEST REGARDS,

JOSE I. SIGLER

A handwritten signature in black ink, appearing to read 'Jose I. Sigler', is written over the printed name. The signature is stylized with a large loop at the end and a horizontal line extending to the left.