


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP 22 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *POS 0000 41514*

1. Corporation Name

All In One Group, Inc.

2. Principal Office Address

182 E 57 ST

Suite, Apt. #, etc.

City & State

Hiialeah, FL

Zip

33013

Country

3. Mailing Office Address

182 E 57 ST

Suite, Apt. #, etc.

City & State

Hiialeah, FL

Zip

33013

Country

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

753187189

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

Santos Valle

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

182 E 57 ST

Suite, Apt. #, Etc.

City

Hiialeah

State

FL

Zip Code

33013

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

REGISTERED AGENT MUST SIGN

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>P</i>	<i>Santos Valle</i>	<i>182 E 57 ST Hiialeah, FL 33013</i>	<i>Hiialeah, FL 33013</i>
<i>P</i>	<i>Aimee Rivas</i>	<i>182 E 57 ST</i>	<i>Hiialeah, FL 33013</i>
<i>Vp</i>	<i>Rasaura Valle</i>	<i>182 E 57 ST</i>	<i>Hiialeah, FL 33013</i>

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09/28/06--01053--008 **150.00

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

Daytime Phone #

9/27

DIVISION OF CORPORATIONS
REINSTATEMENT DEPARTMENT
P.O. BOX 6327
Tallahassee, FL. 32314

**Ref: ALL IN ONE GROUP, INC.
DOCUMENT NUMBER : P05000041514**

Dear sirs:

ALL IN ONE GROUP, INC., already sent you its Annual Report on April 15, 2005 with a check payable to you for \$ 150.00 that was never cashed . Concerned about this, I called you on MAY 24, 2005 asking about the Renewal of the Corporation and I was told by someone on your office to be patient and wait because your offices were processing enormous amounts of documents.

I checked the status of the corporation and it is inactive.

Today I called again and I have been requested to send you a letter explaining this issue and a check for \$ 150.00

Thank you very much for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Santos Valle', with a stylized flourish extending from the end.

SANTOS VALLE
ALL IN ONE GROUP, INC.