PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 DEC -6 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000160045

1. Corporation Name
Asociacion de Asociaciones, Inc.

REINSTATEMENT 2006

2. Principal Office Address	3. Mailing Office Address
208 NE 10 St	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Homestead, FL	City & State
Zip: 33030 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/6/05

5. FEI Number: 20-3886111 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: Marcial Olvera

Street Address (P.O. Box Number is Not Acceptable): 10028 NE 10 Street

Suite, Apt. #, Etc.:

City: Homestead State: FL Zip Code: 33030

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: Marcial Olvera Date: 12/1/06

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
PS	Marcial Olvera	10028 NE 10 St	Homestead, Fl. 33030
VP	Marcial Olvera	10028 NE 10 St	Homestead, FL 33030

100326 468771
12/12/06--01030--014 **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 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: Marcial Olvera Date: 12/1/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

DIVISIONS OF CORPORATION
ANNUAL REPORT SECTION

RE: ASOCIACION DE ASOCIACIONES, INC.
Document Number: P05000160045

PLEASE BE ADVISED THAT AS PRESIDENT OF THE COMPANY WE NEVER RECEIVED ANY DOCUMENT BY MAIL REGARDING THE ANNUAL REPORT THAT WE HAVE TO PAY EVERY YEAR. THIS IS MY FIRST TIME AS A CORPORATION OWNER. PLEASE TAKE MY PAYMENT WITHOUT ANY PENALTY.

SINCERELY,

ASOCIACION DE ASOCIACIONES, INC.

Marcial Olvera

Marcial Olvera, President