PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P10000042033

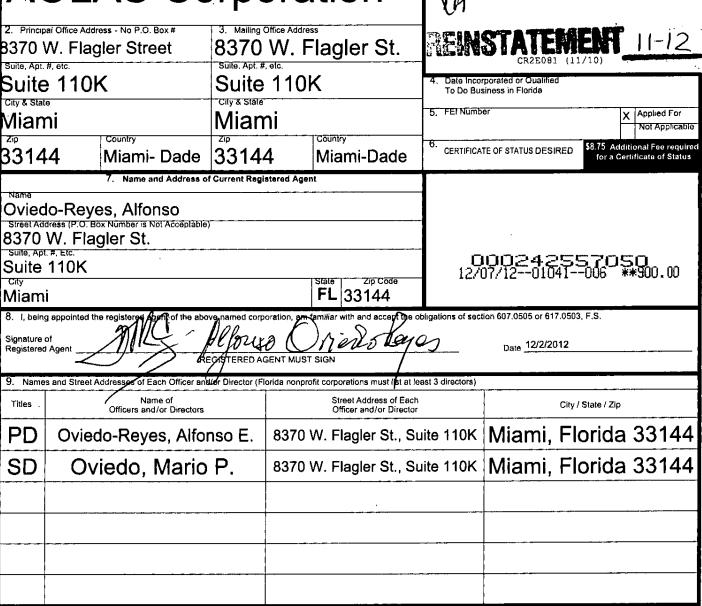
1. Corporation Name

FILED

12 DEC -7 PM 2: 27

SECRETA: 1 FINE ENGL. TALLAHASSE: 11 EMILA

AOLAS Corporation



10. E-mail Address: Oviedo13@gmail.com

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as ibn submitted in a focument to the Department of State conflitutes a third degree felony as provided for in s.817.155, F.S. if made under oath. I am aware that false into

SIGNATURE:

Davrime Phone #