


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000009601			
1. Corporation Name CONFECO, INC			
2. Principal Office Address 3620 NW 115 Ave Suite, Apt. #, etc.		3. Mailing Office Address 15526 SW 32 TERR Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA Zip Country 33178 FL		City & State MIAMI Zip Country 33185 FL	
4. Date Incorporated or Qualified To Do Business in Florida			
5. FEI Number 65-0392899		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name JOSE MANUEL MELO			
Street Address (P.O. Box Number is Not Acceptable) 15526 SW 32 TERR			
Suite, Apt. #, Etc.			
City MIAMI		State FL	Zip Code 33185
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 <i>[Signature]</i>		Date 01/03/2006	
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
P	AMBROSIO PERAZA	CALLE PARAMACONI, SECTOR CONEJERO	PORLAMAR, NUEVA ESPARTA VENEZUELA
T	AVELINO DOS SANTOS	EDIF. RESAN P.H. CALLE GILARTE	PORLAMAR, NUEVA ESPARTA VENEZUELA
S	JOSE M MELO	15526 SW 32 TERR	MIAMI, FL 33185
200064016222 01/19/06--01007--021 **1200.00			
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: <i>[Signature]</i>		JOSE M MELO / SECRETARY	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	01/03/2006
		Daytime Phone #	

FILED
06 JAN -9 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (01/05)