PLEASE READ APPLICATION FOR REINSTATEMENT	FLORIDA	A DEPARTMENT Sandra B. Mor Secretary of S	N T CP STA TE tham State	OMPLET	ING THIS FORM.	
DOCUMENT # P9300042324				97 APR 30 PM 3: 11:		
1. Corporation Name MPS Entenphises, inc				SECRETARY OF STATE		
				TALLAHASSEE FLORIDA		
Principal Place of Business 1864 PW 23 ST Winini PC 33143 If above addresses are incorrect in any way, line through incorrect information and enter correction below.				REINSTATEMENT 20 94-97		
2. New Principal Office Address, if Applicable	ng Office Address, If	То		Incorporated or Qualified 6/15/93		
Suite, Apl. #, etc. City & Siate	City & State			5. FE! Number Applied For Not Applicable		
Miani PC 210 210 210 210 210 210 210 210 210 210	Zip	Zin Country 6.			\$8.7	75 Additional Fee required or a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)						
(IIIII of Officers and/or Directors 2		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip	
P Julio deArmas		1711 Sw 85 09			MIANIS E	33155
UP Padro deAnnins		9717 Sw 146 Ct			Minus Fe	39186
5 Rosa Alupne?		9718 8W 146 OF			Misui El	33186
7集 7				6000021695360 -05/07/9701066012		
					***1245.00	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent						<u> </u>
a The spikes			Name Posa M. Aluarez Street Address (P.O. Box Number is Not Acceptable)			
Suite, Apt. #, Etc.				O. Box Number is Not Acceptable) O. W. N. 2357		
City					State	Zip Code
10. 1, being appointed the registered agent of the abo	ove named corpor	ation, am familiar wit	MIA	7 : igations of Section	ĺFL	33142
Signature of Registered Agent Date 4/25/97 REGISTERED AGENT MUST SIGN						
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No on intangible tax.)						
12. 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 filling 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: REMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2 5 / 97
Date Daytime Phone #