


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b> 03 OCT -8 PM 12:09	
<b>DOCUMENT #</b> <u>PA4000032898</u>				<b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>	
<b>1. Corporation Name</b> Alto-Marc Communications of Florida, Inc.					
<b>2. Principal Office Address</b> 5012 SW 102nd Avenue Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 6399 Wilshire Blvd. Suite, Apt. #, etc.		<div style="text-align: right;">000023643540 10/08/03--01031--021--758.75</div> <b>REINSTATEMENT</b> 73	
City & State Miami, Florida		City & State Los Angeles, California			
Zip 33165	Country usa	Zip 90048	Country USA		
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 04/28/1994		<b>5. FEI Number</b> 65-0497326			
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
<b>7. Name and Address of Current Registered Agent</b>					
Name Tabio, Louis					
Street Address (P.O. Box Number is Not Acceptable) 5012 SW 102nd Avenue					
Suite, Apt. #, Etc.					
City Miami				State FL	Zip Code 33165
<b>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.</b>					
Signature of Registered Agent <u>Louis Tabio</u> Date <u>10/07/03</u>					
REGISTERED AGENT MUST SIGN					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
Pres.	Mercado-Valdes, Frank	5012 SW 102nd Avenue	Miami, Florida 33165		
VP	Tabio, Louis	5012 SW 102nd Avenue	Miami, Florida 33165		
Sect.	Johnson, Debra L.	6399 Wilshire Boulevard, Suite 900	Los Angeles, California 90048		
<b>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.</b>					
SIGNATURE: <u>Debra L. Johnson</u> <u>Debra L. Johnson, Secretary</u> <u>10/7/03</u> <u>323-658-9009</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E081 (10/02)