1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
(((H02000011216 7)))
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000083075**

1. Corporation Name **AHEAD, INC.**

4243 NW 107TH AVENUE
SUITE # 111
MIAMI , FLORIDA 33178

95-02

2. Principal Office Address	3. Mailing Office Address
4243 NW 107TH AVENUE	
Suite, Apt. #, etc.: **SUITE 111**	Suite, Apt. #, etc.
City & State: **MIAMI, FLORIDA**	City & State
Zip: **33178** / Country: **U.S**	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: **11/14/1994**

5. FEI Number: **30-0010134** (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED [X] ($8.75 Additional Fee required for a Certificate of Status)

7. Name and Address of Current Registered Agent

Name: **MIGUEL ANGEL LAMADRID**

Street Address (P.O. Box Number is Not Acceptable): **4243 NW 107TH AVENUE**

Suite, Apt. #, Etc.: **SUITE 111**

City: **MIAMI** State: **FL** Zip Code: **33178**

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: Miguel A. Lamadrid Date: **01/09/2002**
REGISTERED AGENT MUST SIGN

CR2E061 (9/98)

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
PRES	MIGUEL ANGEL LAMADRID	130 CATAMARAN STREET APT #8	MARINA DEL REY, CA 90292
V-PRE	MIGUEL ANGEL LAMADRID	SAME	SAME
SECT	MIGUEL ANGEL LAMADRID	SAME	SAME
TREAS	MIGUEL ANGEL LAMADRID	SAME	SAME

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 complete, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Miguel A. Lamadrid 01/09/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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Fax Number : (850)205-0384

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Fax Number : (305)471-7929

CORPORATION REINSTATEMENT

AHEAD, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$1,808.75