APPLICATION GLEGGE READ A RENSTATEMENT	LL INSTRUCTIONS FLORIDA DEPARTME  Sandra B. Moi  Secretary of S  DIVISION OF CORPO	NT OF STATE tham State	COMPLETI	APPROYEL AND FILED
DOCUMENT # P95000005485  1. Corporation Name FRANCISCO GARCIA DUS ASSOCIATES JM.				98 JUN -8 PM 3:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business  2470 SW 247H ST  MIDWI FL 33/45  If above addresses are incorrect in any way, line through Principal Office Address, If Applicable  Suite, Apt. #, etc.  City & State	igh incorrect information and enter  3 New Mailing Office Address, If  2470 Sw 2444  Suite, Apt. #, etc.  City & State	correction below. Applicable	Date Incorporto Do Busin     FEI Number	10002557218
Zip Country	210 Countr 33/45 U.		6. CERTIFICATE	OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/o Name of Officers and/or Directors 1 2				City / State / Zip
P FRONCISCO J. CONTROLA 2470 SUD 24 TH			\$7	41041 FL 33145
V MORIA E. GAZO	7470°	ow zyth	, \$7	MIDWI. FC 33145
Name and Address of Current Re	egistered Agent		9. Name and A	ddress of New Registered Agent
DCC FILING & SEDRA SERVICES, TNC.  576 EDST PORK DUENNE, SUITE 200  TALLAHASSEE, FLORIDA 32301  Name F. DANCISCO J. GBRCIN Street Address (P.O. Box Number is Not Acceptable)  SUITE ADDRESS (P.O. Box Number is Not Acceptable)				
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent REGISTERED AGENT MUST SIGN  Date 5/58				
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information 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 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: June 5/78 (305)858-07/8 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destroy Phone #				

## FRANCISCO GARCIA & ASSOCIATES, INC.

Mechanical, Electrical and Fire Protection Consultants.

2470 SW 24th St Miami FL 33145 Phone (305) 858-0718 Fax (305) 858 - 4452

June 5 - 1998

Dear Sir:

I want to make clean that it was not my intention to have my corporation fall out of favor with the Florida State Department Division of Corporation Office.

I simply was not receiving the bills at my physical address. I did neglected to alert the State dept. Office that I had cancelled the Post Office box on record w/ your office. However, I had not consider this a problem due to that my physical address is also registered with your office.

Kindly accept the attached payment(s) as my commitment to being in good standing with the Division of Corporation Offices.

Sincerely.

Francisco J. Garcia

As per our telephone conversation: