

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS W 05 00005179
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DOCUMENT # P96000014205

1. Corporation Name

VENUSREP INTERNATIONAL, INC.

2. Principal Office Address 1895 W. FLAGLER ST. Suite, Apt. #, etc. 280 City & State MIAMI, FL Zip 33135		3. Mailing Office Address 1895 W. FLAGLER ST. Suite, Apt. #, etc. 280 City & State MIAMI, FL Zip 33135	
Country USA		Country USA	

REINSTATEMENT

97-05

4. Date Incorporated or Qualified To Do Business in Florida 02-15-1996	
5. FEI Number 76-0717756	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$9.75 Additional Fee required for a Certificate of Status</small>	

7. Name and Address of Current Registered Agent	
Name JULIO CESAR LOZADA	
Street Address (P.O. Box Number is Not Acceptable) 1885 W. FLAGLER ST.	
Suite, Apt. #, Etc. 11	
City MIAMI	State FL
Zip Code 33135	

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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

[Signature]

REGISTERED AGENT MUST SIGN

Date 01-20-2005

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	EDUARDO FERNANDEZ	1895 W. FLAGLER ST. STE 280	MIAMI, FL 33135

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

[Signature]

01-20-2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

21250