

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 JAN -3 PM 2:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000102522

1. Corporation Name

Fernando Asencio + Associates, Inc.

Principal Place of Business	Mailing Address
399 N.W. 72nd Ave. Suite 306 Miami, FL 33126	399 N.W. 72nd Ave. Suite 306 Miami, FL 33126

If above addresses are incorrect in any way, fine through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/19/96	
City & State		City & State		5. FEI Number	
Zip		Country		-65-0715165	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 1999

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DPST	Asencio, Fernando	399 N.W. 72nd Ave. Suite 306	Miami, FL 33126
			500003103905--5 -01/20/00-01024-013 ***750.00 ***750.00

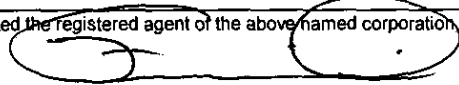
8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Amerilawyer Chartered
 343 Almeria Ave.
 Coral Gables, FL 33134

Name
Asencio, Fernando
 Street Address (P.O. Box Number is Not Acceptable)
 399 N.W. 72nd Ave.
 Suite, Apt. #, Etc.
 Suite 306
 City
 Miami
 State **FL** Zip Code **33126**

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  12/28/99 Date Dec. 22, 1999
 REGISTERED AGENT MUST SIGN

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 name 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:  Fernando Asencio 12/22/99 305-262-3227
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED40 (1/98)