

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


04 APR 23 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

400033567444
04/22/04--01053--019 **150.00

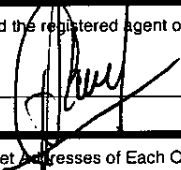
400033567444
04/22/04--01053--018 **150.00

<p>CORPORATION REINSTATEMENT</p>  <p>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</p>	
<p>DOCUMENT # P97000022026</p> <p>1. Corporation Name EVER SHARP TOOLING, INC.</p>	
<p>2. Principal Office Address 12491 SW. 130 ST</p> <p>Suite, Apt. #, etc. BAY E</p> <p>City & State MIAMI, FL</p> <p>Zip 33186</p> <p>Country DADE</p>	<p>3. Mailing Office Address 12491 SW 130 ST</p> <p>Suite, Apt. #, etc. BAY E</p> <p>City & State MIAMI, FL</p> <p>Zip 33186</p> <p>Country DADE</p>

<p>4. Date Incorporated or Qualified To Do Business in Florida</p>	
<p>5. FEI Number 65-0734277</p>	<p>Applied For <input type="checkbox"/></p> <p>Not Applicable <input checked="" type="checkbox"/></p>
<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>	

<p>7. Name and Address of Current Registered Agent</p>		
<p>Name DAVID T. CONTRERAS</p>		
<p>Street Address (P.O. Box Number is Not Acceptable) 12491 SW. 130 ST</p>		
<p>Suite, Apt. #, Etc. BAY E.</p>		
<p>City MIAMI</p>	<p>State FL</p>	<p>Zip Code 33186</p>

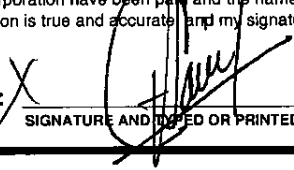
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent:  REGISTERED AGENT MUST SIGN

Date: **4-19-04**

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
PD	DAVID CONTRERAS	12491 SW. 130 ST BAY E.	MIAMI, FL 33186

10. I certify that I am an officer or director for 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-19-04** Daytime Phone #: **305-259-0991**

CR2E081 (10/02)

April 19, 2004

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: EVER SHARP TOOLING, INC.
P97000022026

To Whom It May Concern:

As per our telephone conversation with your agent, we are writing to you to request a waiver to renew the above corporation, along with a \$150 payment for the year 2003 and \$150 payment for the year 2004, as instructed.

After speaking with your agent, we realized that the address was never changed and the annual report had been mailed to the wrong address once again. Our business address is: 12491 S.W. 130 Street, Bay E, Miami, Florida 33186.

We would appreciate any help you can provide. Thanking you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "David", written over a vertical line.

David T. Contreras
President