

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-06

CR2E0B1 (12/05)

RSC

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P97000037617*

1. Corporation Name
Torres Gulyas Import, Corp.

2. Principal Office Address <i>2390 NW 154 street</i>		3. Mailing Office Address <i>2390 NW 154 street</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Opco-Lakea, Florida</i>		City & State <i>Opco-Lakea, Florida</i>	
Zip <i>33054</i>	Country <i>USA</i>	Zip <i>33054</i>	Country <i>USA</i>

4. Date Incorporated or Qualified To Do Business in Florida
4/28/1997

5. FEI Number
65-0748957

6. CERTIFICATE OF STATUS DESIRED *3/13*

7. Name and Address of Current Registered Agent

Name
Enrique A. Torres Gulyas

Street Address (P.O. Box Number is Not Acceptable)
544 NW 26 Street

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33127

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]

Date
12/27/06

REGISTERED AGENT MUST SIGN

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
<i>P.U.T.S</i>	<i>Igor Torres</i>	<i>2390 NW 154 Street</i>	<i>Opco-Lakea, FL 33054</i>

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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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
12/27/2006

Daytime Phone #
786-663-4910

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

2002

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEARS OF 2005 AND 2006 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



IGOR TORRES
PRESIDENT