


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 970000-57579(1)

1. Corporation Name
MISSION EXPEDITION DR SOLUTION CORP

2. Principal Office Address 3293 NW 7 th		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI - FL		City & State SAME	
Zip 33125	Country USA	Zip SAME	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 06/27/1997

5. FEI Number 79-3630231 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

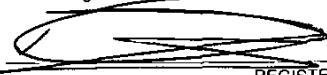
Name: BIDONE, ALEJANDRO R. 700003496617-9

Street Address (P.O. Box Number is Not Acceptable): 4489 SW 10 ST -12/12/00--01030--012

Suite, Apt. #, Etc.: ****150.00 ****150.00

City: MIAMI State: FL Zip Code: 33134

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:  Date: 11/15/00


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
DR	BIDONE, ALEJANDRO R	4489 SW 10 ST	MIAMI-FL 33134
TS	VARELA LYNOTT, CARMEN	4489 SW 10 ST	MIAMI-FL 33134

BANDS

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:  ALEJANDRO BIDONE 11/22/00 (305) 649 8833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)

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Miami November 24th 2000

Division of Corporation
Annual reports
P.O.Box 6327
Tallahassee, Fl 32314-6327

ATTN: MR YFISHER
Gentleman:

Enclosed you will find the reinstatement form for our Corp Mission Expedition Or Solution Corp, duly signed and the check for \$ 150.00 covering the annual fees.

As we explained over the phone we never receipt by mail the annual form addressed to my previous home that we moved on January this current year.

Thanking you in advance for your cooperation, we remain

Yours Truly

Mission Expedition Or Solution Corp
Alejandro R. Bidone
President

