


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 DEC -3 PM 12:33	
<b>DOCUMENT #</b> <u>P 97000061686</u>					
<b>1. Corporation Name</b> <u>GLORIETA ENGINE MAINTENANCE SERVICE CORP.</u>					
<b>2. Principal Office Address</b> <u>8405 NW 53 ST.</u>			<b>3. Mailing Office Address</b>		
Suite, Apt. #, etc. <u>SUITE C100</u>			Suite, Apt. #, etc.		
City & State <u>MIAMI - FLORIDA</u>			City & State		
Zip <u>33166</u>	Country <u>USA</u>	Zip	Country	<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <u>7/16/97</u>	
<b>5. FEI Number</b> <u>65-0768373</u>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

**7. Name and Address of Current Registered Agent**

<b>Name</b> <u>LOUIS F. EAST</u>		<u>300004724543--3</u>	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>8405 NW 53 STREET</u>		<u>-12/13/01--01041--021</u> <u>***300.00 ***300.00</u>	
<b>Suite, Apt. #, Etc.</b> <u>SUITE C100</u>			
<b>City</b> <u>MIAMI - FLORIDA</u>	<b>State</b> <u>FL</u>	<b>Zip Code</b> <u>33166</u>	

**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 11/29/01  
 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
P+D	WILSON VASQUEZ	540 Brickell Key Drive Apt 1402	MIAMI - FLA 33131
+D VP+TR.	CARLOS ACOITA	1155 Brickell Key Drive Suite 902	MIAMI - FLA 33131
S+D	SABINA VASQUEZ	540 Brickell Key Drive Apt 1402	MIAMI - FLA 33131

**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)(g), 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

WILSON VASQUEZ  
Director

Date

11/29/01 (305) 463-6702

Daytime Phone #

CP2E081 (9/00)