PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

3. Mailing Office Address

DOCUMENT # P97000/03920

1. Corporation Name

2. Principal Office Address

SIGNATURE: V

CORPAND BN TERPAISES INC.

CORDERO ENTERPRISES INC.

FILED 00 APR 27 PM 4: 34 SECRETARY OF STATE TALLAHASSEE, FLORIDA

REINSTATEMENT 09-0

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Suite, Apt.	#, etc.	· •	Suite, Apt. #, etc.			4. Date Incorporated or Qualified					
720			City & City				To Do Business in Florida /2/10/97				
City & State	91.FL		City & State				5. FEI Number Applied For Not Applicable				
33/	176	Country USA	Zip		Country		6.	E OF STATUS DESIR	EO S8.75 Add	fitional Fee	required
	T .	· · · · · · · · · · · · · · · · · · ·	7.	Name and A	ddress of Curre	nt Register	ed Agent	n in which make in the second	man dec 1 1 2 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1		
	Street Ad	THA CORPERO Didress (P.O. Box Number is	Not Acceptable)	_				RO-ESQUI		20	
	Suite, Ap		<u>,, e. J, e</u>								
	City	/ //			•	MIAM	[~	State Zip C	3 1.76	#	
Signature of Registered Name	Agent V	Suurit. Addresses of Each Officer a	REGISTERED A		SIGN Sifit corporations in	nust list at le	ast 3 directors)	Date V	4° 25°	- 07	
Titles	Name of			Street Address of Officer and/or D			ach		City / State / Zip		
0/5	MARTHA CORDENO-ESQUIVER			10651 NICENDAN ON STE DO			MIAMI, PZ 33176				
P/S	MARTH	A CORDERO-ES	QUIVEL	10651	N KEND	ALL DI	R, #220	MIAMI,	FL 331	76	
								89993 -05/1: ****\$	2483 ! /00010! 00.00_**	9006	7 -
this re owed	instatement by the corpo	n officer or director or the re application, the reason for d ration have been paid and th is true and accurate, and m	ssolution has be ne names of indiv	en eliminated riduals listed o	, the corporate na on this form do no	ame satisfies of qualify for a	the requirements an exemption und	s of section 607.04	01 or 617.0401, F.	S., that all f	ees