

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 JUL -6 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P98000034471*

1. Corporation Name

TERESTA GROUP INC.

2. Principal Office Address

1155 BRICKELL BAY DR

Suite, Apt. #, etc.

1903

City & State

MIAMI FL

Zip

33131

Country

USA

3. Mailing Office Address

2307 DOUGLAS RD

Suite, Apt. #, etc.

400

City & State

MIAMI FL

Zip

33145

Country

USA

REINSTATEMENT

00-05

4. Date Incorporated or Qualified To Do Business in Florida

11/15/98

5. FEI Number

65-0913398

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

JOA C OVIES

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

2307 DOUGLAS RD

500057054085

*07/06/05--01028--001 **1650.WW*

Suite, Apt. #, Etc.

400

City

MIAMI

State

FL

Zip Code

33145

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

JOA C OVIES

Date

6/29/05

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>PD</i>	<i>DI LEO, WALTER</i>	<i>1155 BRICKELL BAY DR #1903</i>	<i>MIAMI FL 33131</i>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/05

Date

Daytime Phone #

CR2E081 (01/05)

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