

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT **01982** FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 NOV -2 PM 6:38

DOCUMENT # P98000039018

1. Corporation Name
 Statewide Professional Services, Inc.

2. Principal Office Address 13205 SW 137 AVE. Suite, Apt. #, etc. Suite 227 City & State Miami, FL Zip 33186		3. Mailing Office Address 13205 S.W. 137 AVE. Suite, Apt. #, etc. Suite 227 City & State Miami, FL Zip 33186	
Country USA		Country USA	

4. Date Incorporated or Qualified To Do Business in Florida 4/1998

5. FEI Number 65-0832014 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 ZAIDA RODRIGUEZ ACOSTA
 Street Address (P.O. Box Number is Not Acceptable) 13205 S.W. 137 AVE
 Suite, Apt. #, Etc. Suite 227
 City MIAMI
 State FL Zip Code 33186
 200004712052-0
 -12/06/01--01051-028
 ****158.75 ****158.75

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 *Marcos L. Acosta* Date 10/27/01
 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
Pres.	Zaida Rodriguez Acosta	14253 S.W. 161 St.	Miami FL 33177
V. Pres.	Marcos Luis Acosta	14253 S.W. 161 St.	Miami FL 33177

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: *Marcos L. Acosta* Date 10/31/01 (305) 234-0449
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Statewide Professional Services, Inc.

13205 S.W. 137 Avenue, Suite 227 ◇ Miami, FL 33186
(305) 234-0449 ◇ Toll Free: 1-877-885-4354 ◇ Fax: (305) 255-2820

October 31, 2001

Department of State
Division of Corporation
409 East Gaines Street
Tallahassee, FL 32399

RE: Reinstatement of Corporation
EIN : 65-0832014

Dear Sirs:

Enclosed please find our check number 4025 in the amount of \$158.75 representing the payment for the re-instatement of this corporation. You will also find the application for Corporation Reinstatement.

Please be advised that we never received the notification for the renewal of the annual report. Therefore, we are only including the standard fee of \$150.00 for registration and \$8.75 for a Certificate of Status.

Please do not hesitate to contact us if you require any additional documentation in order to expedite the re-statement of this corporation.

Regards,


Marcos L. Acosta
Vice President