

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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 Country USA		3. Mailing Office Address 13205 S.W. 137 Ave. Suite, Apt. #, etc. Suite 227 City & State Miami, FL Zip 33186 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 <input checked="" type="checkbox"/>		\$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
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 <u>Marcos L. Acosta</u> Date <u>10/27/01</u> 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: <u>Marcos L. Acosta</u>		Date 10/31/01	Daytime Phone # (305) 234-0449

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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CR2E081 (8/00)

## 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