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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


04 APR -8 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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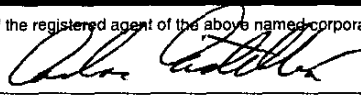
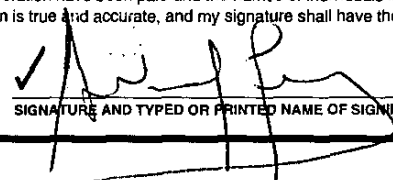
REINSTATEMENT 03-04

MRD

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000054687 1. Corporation Name SUNSET CARGO, INC.			
2. Principal Office Address 999 PONCE DE LEON BLVD Suite, Apt. #, etc. SUITE 715 City & State CORAL GABLES, FLORIDA Zip 33134 Country USA		3. Mailing Office Address 999 PONCE DE LEON BLVD Suite, Apt. #, etc. SUITE 715 City & State CORAL GABLES, FLORIDA Zip 33134 Country USA	

4. Date Incorporated or Qualified To Do Business in Florida 6-16-98	
5. FEI Number 65-0936965	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name CARLOS M. CASTELLON, CPA	
Street Address (P.O. Box Number is Not Acceptable) 999 PONCE DE LEON BLVD	
Suite, Apt. #, Etc. SUITE 715	
City CORAL GABLES	State FL Zip Code 33134

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  Date _____ 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
PSD	ALBERTO E. VAZQUEZ	999 PONCE DE LEON BLVD # 715	CORAL GABLES, FL 33134
VD	GLADIS BEATRIZ SCIANA	999 PONCE DE LEON BLVD #715	CORAL GABLES, FL 33134
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: 		03-12-2004 305-447-8555 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

THIS LETTER IS TO INFORM YOU THAT I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2003 UNIFORM BUSINESS REPORT. DUE TO A CHANGE OF ADDRESS I NEVER RECEIVED ANY NOTIFICATION FROM YOUR OFFICE.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY


ALBERTO E. VAZQUEZ
PRESIDENT