

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Pg. 1 OF 2
FILED

00 MAY -5 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

~~CORPORATION~~
~~REINSTATEMENT~~

09-00AR

DOCUMENT # P98000057513

1. Corporation Name

FERREIRA REY CORP.

2. Principal Office Address

1875 N. CORPORATE LAKES BLD.

Suite, Apt. #, etc.

STE #100

City & State

WESTON, FL.

Zip

33326

Country

USA

3. Mailing Office Address

SAME AS N-2

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0900805

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

ALBERTO FERREIRA

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

1875 N. CORPORATE LAKES BLD.

Suite, Apt. #, Etc.

STE #100

City

WESTON

State

FL

Zip Code

33326

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0565 or 617.0403, F.S.

Signature of
Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

05/06/00-01037-003

***300.00 ***300.00

4-27-00

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
PD	ALBERTO FERREIRA	1476 Coronado Rd	WESTON, FL. 33327

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

CR2E081 (9/99)

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Fl. 32399

VIA FACSIMILE
VIA AIRMAIL

Re: Ferreira Rey Corp.
Tax Id. No. 65-0900805

TO WHOM IT MAY CONCERN

Please take notice that the undersigned Ferreira Rey Corp., a Florida corporation, located in 1875 North Corporate Lakes Blvd., Suite 100, Weston, Fl. 33326, the last known address of the corporation, did not file its annual report prior to May 1st 1999 due to the following facts:

- A) Change of Address: The corporation notified its change of address and never received ~~the annual report to file in the corresponding period.~~

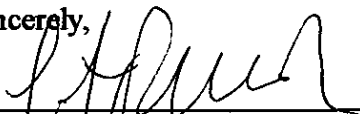
We also found out that the Corporation was Administrative dissolve on September 24, 1999.

We are enclosing check No. 1032 of Washington Mutual Bank for the amount of \$ 300 (Three hundred DOLLARS) to cover the renewal fees.

Please reinstate the above reference corporation and notify us to the address described above if any additional procedure has to be made.

Thank you for all your help.

Sincerely,



Alberto Ferreira,
President of Ferreira Rey Corp.