

PAGE 10/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	--

FILED

07 JUL -6 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

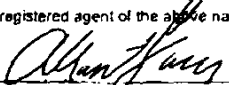
700106261027
07/17/07--01023--008 **300.00

DOCUMENT # P98000057907			
1. Corporation Name S.I. Professional Services, Inc.			
2. Principal Office Address 900 West 49 Street		3. Mailing Office Address 900 West 49 Street	
Suite, Apt. #, etc. Suite 314		Suite, Apt. #, etc. Suite 314	
City & State Hialeah, Florida		City & State Hialeah, Florida	
Zip 33012	Country USA	Zip 33012	Country USA

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 06-26-1998	Applied For <input type="checkbox"/> Not Applicable
5. FEI Number 26-0474715	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	

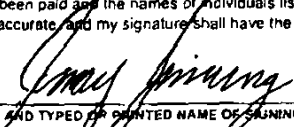
7. Name and Address of Current Registered Agent		
Name Alberto Jimenez		
Street Address (P.O. Box Number is Not Acceptable) 7700 SW 67 Terrace		
Suite, Apt. #, Etc.		
City Miami	State FL	Zip Code 33143

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 7/03/2007
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
P.V.T.S	Anay Jimenez	900 West 49 Street, Suite 314	Hialeah, FL 33012

REINSTATEMENT 06-07

B 7/6/07

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 contained in Chapter 119, 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: 	Date 7/03/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

Payen

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

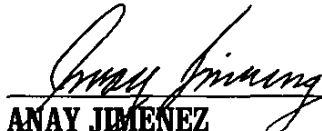
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE REINSTATEMENT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

BE ADVICE THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICE SINCE THE YEAR OF 2006 & 2007 FROM YOUR OFFICE TO PAY THE ANNUAL FEES FOR MY COMPANY. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER. AND IF YOU HAVE ANY FURTHER QUESTION PLEASE FEEL FREEE TO CONTACT US.

CORDIALLY YOURS,



ANAY JIMENEZ
P/V/T/S