
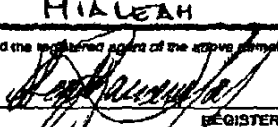
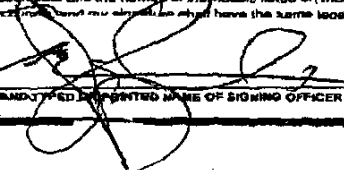


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 03 MAY 30 AM 11:58	
CORPORATION REINSTATEMENT			
DOCUMENT # P98000074219			
1. Corporation Name TRIPLE "M" PURCHASING, MANAGEMENT AND CONSULTANTS, INC.			
2. Principal Office Address 4877 NW, 108th Ct <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 4877 NW, 108th Ct <small>Suite, Apt. #, etc.</small>	
City & State Miami, FL		City & State Miami, FL	
Zip 33178	Country USA	4. Date incorporated or Qualified To Do Business in Florida 08/25/98	
5. FEI Number 65-0869797		Applied For <input type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Not Applicable <input checked="" type="checkbox"/>	
7. Name and Address of Current Registered Agent			
Name LEOPOLDO RIOS			
Street Address (P.O. Box Number is Not Acceptable) 1800 W, 49th STREET			
Suite, Apt. #, Etc. # 301			
City HIALEAH			
State FL		Zip Code 33012	
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 05/01/03	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
P/D	MARIANO MARQUEZ	4877 NW, 108th Ct	Miami, FL 33178
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)(f), F.S. The information indicated on this application is true and correct, and I understand that it will have the same legal effect as if made under oath.			
SIGNATURE: 		Date 05/01/03	
<small>SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

CRITERIA (10/02)

600020682566
06/09/03--01063--003 **450.00

TRIPLE M PURCHASING,
MANAGEMENT & CONSULTING, INC.

May 14th, 2003

Florida Department of State
Reinstatement Section
PO BOX 6327
Tallahassee FL 32314

RE: Triple M Purchasing Management & Consulting, Inc.
Doc. Number: P98000074219

Dear Sir/Madam:

This letter is written regarding a Reinstatement of the above-mentioned corporation.

Regarding the 2002 and 2003 Annual Reports for this Corporation, we did not receive the original forms to be filed with the DOS because the mailing address registered before the DOS was our previous address. Also we were in a foreign country by the time of the filing of the reports. Please take this explanation as an apology in our part, and accept the UBR 2002 and 2003 signed by the registered agent and kindly reinstate our Corporation with the US\$ 300.00 enclosed with this letter.

Again, we apologize for any inconvenience

Very Truly Yours.

Triple M Purchasing, Management & Consulting, Inc.



Mariana Marquez
President-Director