PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 MAY 15 PM 1: 28
DOCUMENT # P98000090583		SEGRETARY OF STATE TALLAHASSEE, FLORIDA
Planning & Building Appraisa 1 COID.		
		TELESTAL SANGINI OY-06
2. Principal Office Address 1085_9914 St.	3. Mailing Office Address 108-5 99+4 St.	CR2E081 (12/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Date Incorporated or Qualified To Do Business in Florida
Bay Halbor, FC.	Day Harbor FL.	5. FEI Number Applied For Not Applicable
33154 MIAMI-DADE	33154 Miami-Dade	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name Analysis Bush		
Street Address (P.O. Box Number is Not Acceptable)		
1 1085 9944 Start #3 800075216798		
Suite, Apt. #_Etc. 05/25/0601002022 **450 00		
City Bay Harbor		State Zip Code
8. 1, 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 MCILL 12 200 (
Registered Agent		Date May 12, 2006
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	Oh. (Ohn (7)
P Andres Bueno	1085 99thSt. #	2 Buy Harbay Ft. 33154
11/10/0-5 500 0	7,000	7-54/194/15
1875/22		
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date D		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

Daytime Phone #

Planning & Building Appraisal Corp. P98000090583 Andres Bueno 1085 99 th Street #2 Bay Harbor Fl. 33154

Department of State Division of Corporations P.O Box 6327 Tallahassee Fl. 32314

Dear State Assistance,

I am witting a letter to reinstate my corporation. An inquiry about my corporation recently was recently done for a home occupational license and came up as inactive. Therefore this letter is because I have not received a yearly bill of corporation dues, nor annual report notices in the year of dissolution/revocation. I thought my dues were being paid through my Corporate tax filings. I have enclosed supplemental fees for each year that I didn't receive a statement in the amount of \$450.00.

Have a nice day

Andres Bueno

Planning & Building App. Corp.

P98000090583