

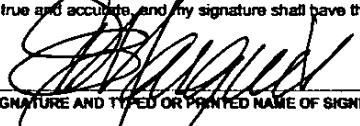


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 APR -7 AM 9:48 TALLAHASSEE, FLORIDA	
DOCUMENT # P98000091182				
1. Corporation Name Palazzo di Tello				
2. Principal Office Address 14571 SW 146 place		3. Mailing Office Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State Miami, FL		City & State Florida		
Zip 33186	Country USA	Zip	Country	
4. Date Incorporated or Qualified To Do Business in Florida 10/27/98		5. FEI Number 650873053		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable		
7. Name and Address of Current Registered Agent				
Name E. Alessandra de Marquês				
Street Address (P.O. Box Number is Not Acceptable) 14571 SW 146 place				
Suite, Apt. #, Etc.				
City Miami		State FL	Zip Code 33186	
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 3-20-06		
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	Martha Somohano	14571 SW 146 pl	Miami, FL 33186	
T	E. Alessandra de Marquês	14571 SW 146 pl	Miami, FL 33186	
D	Adolfo Tello	14571 SW 146 pl	Miami, FL 33186	
500071632025 04/24/06--01053--018 **1050.00				
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: 		3-20-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	

March 20, 2006

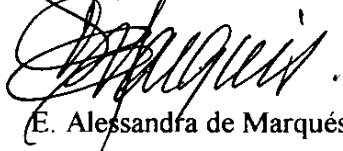
Palazzo di Tello
E. Alessandra de Marqués
14571 SW 146 Place
Miami, Florida 33186

Division of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Division of Corporate Reinstatement:

We have been doing business in Mexico for many years. We did not receive the annual report notices in the year of dissolution. Please accept our annual report and supplemental fees for each year from the year of dissolution to the current year.

Thank you

A handwritten signature in black ink, appearing to read 'E. Alessandra de Marqués', written over the printed name.

E. Alessandra de Marqués