PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 00 JUL 27 AH 8:59
DOCUMENT # P9800096063 1. Corporation Name		SEGRETARY OF STATE TALLAHASSEE, FLORIDA
Aoti Corpara	Hon.	
2. Principal Office Address	3. Mailing Office Address C/o Ivan A. Gomez, P.A.	REINSTATEMENT CYO
1901 w 25 Av	601=Brickell Key Drive	09-22-99 90010 018 \$55.00
Suite, Apt. #, etc.	Suite, Apt. #, etc. 507	4. Date Incorporated or Qualified
City & State	City & State	To Do Business in Florida 11-10-48.
traleas #1	Miami, FL	5. FEI Number Applied For
Zip Country USA	Zip Country	Not Applicable
33016 Miani Dele	33131 (USA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
IAG CORPORATE SERVICES, INC.		
Street Address (P.O. Box Number is Not Acceptable)		
602 Droker New Droc. ****353.75 *****353.75		
Suite, Apt. #, Etc.		
Miami State Zip Code Zip Code 38 8 -2623.		
8. I, being appointed the registered agent of the above properation, any familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.		
Signature of Registered Agent By: IVAN A. GOMEZ, President		
TVAN A. GOMEZ: President 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Titles Name of	Street Address of Each	City / State / Zip
Officers and/or Directors	Officer and/or Director	Oily / State / Zip
Ace P TE mothy Ace	osta 7165 north Ac	19-21-07-40-4017 F1 330-15-
Presidt Roberto Or	ta 10382 nw 1	30st Halesh gardy 33019
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		8000033543589 -08/11/0001098009
		******8.75 ******8.75
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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 filling 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:		
SIGNATURE. SIGNATURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Description Phone 17 CV		