


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000009096					
1. Corporation Name 1 Voice Publishing, Inc.					
2. Principal Office Address 12353 S.W. 132 Court			3. Mailing Office Address 12353 S.W. 132 Court		
Suite, Apt. #, etc. 12			Suite, Apt. #, etc.		
City & State Miami, FL 33186			City & State Miami, FL 33186		
Zip		Country		Zip	
				Country	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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00-02

4. Date Incorporated or Qualified To Do Business in Florida		1/25/99
5. FEI Number	Applied For	
651010511	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 Miami Corporate Systems, Inc.		
Street Address (P.O. Box Number is Not Acceptable) 283 Catalonia Avenue		
Suite, Apt. #, Etc. 2nd Floor		
City Coral Gables	State FL	Zip Code 33134

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 _____
REGISTERED AGENT MUST SIGN

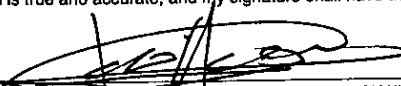
Date 3/21/02

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
PD	Garces, Jose L.	12353 S.W. 132 Avenue	Miami, FL 33186
VD	Garces, Jose L. Jr.	12353 S.W. 132 Avenue	Miami, FL 33186
SD	Garces Alvarado, Gloria	12353 S.W. 132 Avenue	Miami, FL 33186
TD	Garces, Mayda	12353 S.W. 132 Avenue	Miami, FL 33186

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jose L. Garces

3/21/02

Date

305-234-3536

Daytime Phone #

CR2E081 (9/01)

BB

2052

RASCO REININGER PEREZ & ESQUENAZI, P.L.
ATTORNEYS & COUNSELORS AT LAW

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Michael C. Slotnick
Jorge M. Vigil

José Manuel Pallí
Of counsel

*Board Certified-Business Litigation

March 21, 2002

Via Federal Express
Division of Corporations
Annual Reports Section
409 East Gaines Street
Tallahassee, Florida 32399

Re: One Voice Productions, Inc. P95000055412
Latin Door Corporation P94000041094
Con Tempo Studios, Inc. P96000078325
1Voice Publishing, Inc. P99000009096

Dear Madam or Sir:

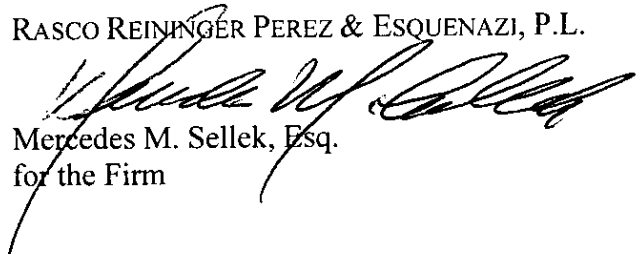
In connection with the above referenced corporations, we would request your consideration in granting waivers for the reinstatement of these companies.

The corporations are all closely held, family owned companies. As a result of a serious illness of one of the directors, the administrative filings were neglected and not completed resulting in dissolution of the companies.

We enclose for your review and processing the reinstatement forms together with the reinstatement filing fees. If you should have any questions, or if we may be of further assistance, please do not hesitate to contact us. We thank you for your consideration of our request.

Very truly yours,

RASCO REININGER PEREZ & ESQUENAZI, P.L.


Mercedes M. Sellek, Esq.
for the Firm

MMS/ela
Enc.

cc.: Mr. Jose Luis Garces (w/enc.)
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