

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

Principal Place of Business

Mailing Address

~~434 S.W. 66TH AVENUE~~
~~MIAMI FL 33144~~

~~404 S.W. 66TH AVENUE~~
~~MIAMI FL 33144~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
133 1st Ave NE

Suite, Apt. #, etc.

City & State MIAMI SPRINGS, FL

Zip	33166	Country	USA
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3. New Mailing Office Address, If Applicable
P.O. Box 506811

Suite, Apt. #, etc.

City & State Miami, FL

Zip	33152	Country	USA
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4. Date Incorporated or Qualified To Do Business in Florida

06/18/1999

5. FEI Number

65-0928203

Applied For	
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Not Applicable

6. **CERTIFICATE OF STATUS DESIRED**

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ECHEVARRIA, MARIA M	434 S.W. 68TH AVENUE	MIAMI FL 33144
D	CEPERO, RODOLFO <i>Delete this officer</i>	434 S.W. 68TH AVENUE <i>Delete</i>	MIAMI FL 33144 <i>Delete</i>
D	ECHEVARRIA, VICKY	434 S.W. 68TH AVENUE 133 LENAPE DRIVE	MIAMI FL 33144 MIAMI SPRINGS, FL 33160
			800004733558--5 -12/20/01--01009--007 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

✓ Name Correction →
ECHEMARRIA, VICKY
434 S.W. 86TH AVENUE—
MIAMI FL 33144—

Name Echevarria, Vicky
Street Address (P.O. Box Number is Not Acceptable)
133 LENAPE DRIVE
Suite, Apt. #, Etc.

City	Miami Springs	State	FL	Zip Code	33166
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

WITNESS REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/30/200

11. 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 REQUIRED

10/30/2001