	PLEASE READ	ALL INST	RUCTIONS		OMPLET	DATH CORD.		
	POR		A DERARTMEN Whath rine H			0.0-		
CEINOTATEMENT DIVISION OF CORPORATIONS					FILED			
DOCUMENT # P99000102785					00 OCT 30 PM 3: 47			
1. Corporation Name					SECRETARY OF STATE			
					Eael	AHASSEEPFLORIDA		
			Nailing Address 7250 S.W. 15TH ØT. <i>-5 T.</i>					
7250 S.W. 1 Miami FL 3:		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 3. N. 72505W.1555H.			New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 11/24/1999		
Suite, Apt. #		Suite, Apt. #, etc.			5. FEI Number	Applie	d For	
City & State		City & State	-			Not Ap	plicable required	
Zip	Country	Zip	Country			OF STATUS DESIRED	Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip								
	2 3				4 MIAMI FL 33144			
						1919		
VD	VD FERNANDEZ, SARA H			QT. 51.		MIAMI FL 33144		
SD MELERO, JULIO A JR.			7250 S.W. 15TH CR. 3 7.			MIAMI FL 33144		
				2000034694925 -11/20/0001011008 *****150.00 *****150.00				
						SP		
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent			
MELERO, JULIO C Street Address					(P.O. Box Number is Not Acceptable)			
7250 S MIAMI	S.W. 15TH OT. るた FL 33144	Suite, Apt. #, Etc.						
City					State Zip Code			
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 SIGNATURE REQUIRED Date Date								
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.								
(AM/A)								
SIGNATURE: SIGNATURE AND THE OR PRIME OF SIGNING OFFICER OR DIRECTOR								

DIVISION OF CORPORATIONS ANNUAL REPORT/REINSTATEMENT SECTION P.O. BOX 6327 TALLAHASSEE, FL 32314-6327

TO: STATE OF FLORIDA,

Friday, October 20, 2000

I'm writing to you this letter to let you know that the mail sends back the warning of my Corporation Expiration date without my authorization and I haven't signed.

Please avoid this notice of administrative dissolution or revocation you had sent me, and I would like to reinstate or reinstall my Corporation back. I speak to Mitchell on Oct 20, 2000 at 4:00 p.m. and she says to send you a check for \$150.00 to reinstate my Corporation. It was a mistake because I did not received-any information-regarding my Corporation Expiration-date,please understand that we are not rich people and we are trying to go forward as much as we can. Thank you very much and have a great day.

Sincerely Yours, Julio C. Melero Sr. President. The 3 Bulls Corp.