

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



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

FILED  
 01 JUL 30 PM 2:19  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P 99000110173  
 1. Corporation Name

MULTISERVICES OF THE PALM BEACHES, INC.

400004534344--5  
 -08/14/01--01070--016  
 \*\*\*\*300.00 \*\*\*\*300.00

2. Principal Office Address 6742 Forest Hill Blvd  
 3. Mailing Office Address 6742 Forest Hill Blvd

Suite, Apt. #, etc. 179 Suite, Apt. #, etc. 179

City & State FL West Palm Beach City & State West Palm Beach, FL

Zip 33413 Country USA Zip 33413 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12/20/1999

5. FEI Number 65-0981583 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent 400004534344--5

Name Maria Cristina Jimenez J -08/14/01--01070--014  
 \*\*\*\*300.00 \*\*\*\*300.00

Street Address (P.O. Box Number is Not Acceptable) 6742 Forest Hill Blvd 400004534344--5

Suite, Apt. #, Etc. 179 -08/14/01--01070--015  
 \*\*\*\*300.00 \*\*\*\*300.00

City West Palm Beach, FL 33413 State FL Zip Code 33413

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 *Maria Cristina Jimenez J* Date 07/05/01  
 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
Pres.	Juan Jose jimenez J	3286 Arcara Way (409)	West Palm Beach, FL 33467
Vicep	Marai Cristina Jimenez J	3286 Arcara Way (409)	West Palm Beach, FL 33467
Vicep	Jairo Jimenez J	Circ 3 66 B 169	Medellin/Colombia/ SA

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: *Maria Cristina Jimenez J* Date 07/05/01 (561) 3174435  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/00)