


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

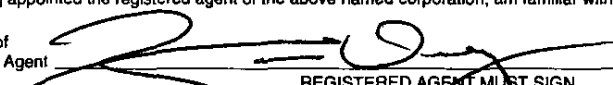
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2004 OCT -5 PM 4:23


CORPORATION REINSTATEMENT 04 AIR		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 9-14320 1. Corporation Name Velsa Corporation			
2. Principal Office Address 14661 SW 104 ST Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33186	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 05-0228649	Applied For <input type="checkbox"/> 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 Zaid Velez	000041099630 09/15/04--01039--001 **550.00	
Street Address (P.O. Box Number is Not Acceptable) 1393 SW 108 ST. MIAMI, FL 33186		
Suite, Apt. #, Etc.		
City MIAMI	State FL	Zip Code 33186

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 	Date 9-02-04
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
MR.	William Velez	N/A	Miami, FL.
	11505 SW 96 TERR	N/A	Miami, FL.

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	Date 9-02-04
	Daytime Phone # 305-383-0433

CR2E081 (01/04)