

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


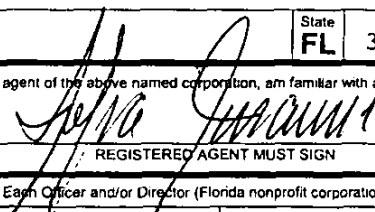
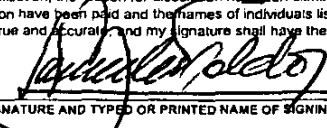
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2008 SEP 22 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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09/22/08--01060--012 **1358.75

REINSTATEMENT
CR2E081(12/07)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S69795			
1. Corporation Name ALBATO, INC.			
2. Principal Office Address - No P.O. Box # 100 Bayview Drive Suite, Apt. #, etc. Apt. 429 City & State Sunny Isles, FL Zip 33160 Country USA		3. Mailing Office Address 848 Brickell Ave. Suite, Apt. #, etc. Suite 203 City & State Miami, FL Zip 33131 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 07/26/1991			
5. FEI Number 65-0298547			
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name Sofia Jaramillo Street Address (P.O. Box Number is Not Acceptable) 848 Brickell Ave. Suite, Apt. #, Etc. Suite 203 City Miami State FL Zip Code 33131			
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 09/11/08 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
PD	Alberto Baumeister	100 Bayview Drive, Apt #429	Sunny Isles, FL 33160
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 contained in Chapter 119, 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: 		Alberto Baumeister 09/11/08 (305) 372-1303	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

B. Mitchell SEP 22 2008