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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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RENSTATION VICE
OCUMENT # V 19688

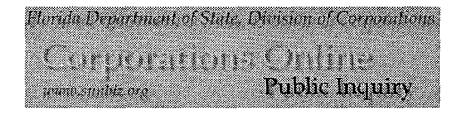
FLORIDA DEPARTMENT OF STATE **Katherine Harris**

SECRETARY OF STATE HYISION OF CORPORATION Secretary of State 01 OCT 12 AM 11:39 **DIVISION OF CORPORATIONS** 1. Corporation Name Kenteria, INC. 2. Principal Office Address 3. Mailing Office Address Vose E. Kenteria Suite, Apt. #, etc. 4. Date Incorporated or Qualified 2002 Hammondville To Do Business in Florida City & State 5. FEI Number Applied For Not Applicable \$8.75 Additional Fee required 33069 33069 for a Certificate of Status 7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ****765.00 ****76\$.00 2002 Suite, Apt. #, Etc. Zip Code FL 3*3069* 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 Date 09-28-01 Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Titles Street Address of Each Officer and/or Director Officers and/or Directors City / State / Zip "P" 231 N.E. 24th 54.

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:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Florida Profit

RENTERIA, INC.

PRINCIPAL ADDRESS 2000 HAMMONDVILLE ROAD POMPANO BEACH FL 33069

MAILING ADDRESS 2000 HAMMONDVILLE ROAD POMPANO BEACH FL 33069

Document Number V19688 FEI Number 650320180

Date Filed 03/09/1992

State FL Status INACTIVE Effective Date NONE

Last Event
ADMIN DISSOLUTION
FOR ANNUAL REPORT

Event Date Filed 09/26/1997

Event Effective Date NONE

Registered Agent Name & Address RENTERIA-JOSE G. 2161 N.W. 4TH COURT POMPANO BEACH FL Officer/Director Detail Name & Address RENTERIA, JOSE G. 2161 N.W. 4TH COURT POMPANO BEACH FL Annual Reports Annual Reports