

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

192

CORPORATION



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

APPROVED
AND
FILED

03 MAY -5 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V40483

1. Corporation Name

I.A.M. SERVICES INC. **AA**

2. Principal Office Address

3701 S.W. 108 COURT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33165

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

2002-2003 VBR

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0338253

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NODA, ALFREDO

Street Address (P.O. Box Number is Not Acceptable)

3701 S.W. 108 COURT

Suite, Apt. #, Etc.

500018443515

05/07/03-01014-018 ***300.00

City

MIAMI

State

FL

Zip Code

33165

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

04/29/03

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
PT	NODA, ALFREDO	3701 S.W. 108 COURT	MIAMI, FL 33165
VS	NODA, MIRIAM	3701 S.W. 108 COURT	MIAMI, FL 33165

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

04/29/03

Date

Daytime Phone #

203

IAM SERVICES INC
3701 SW 108 COURT
MIAMI, FL 33165

April 20, 2003

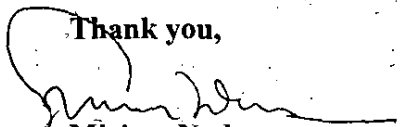
Florida Department of State
Division of Corporations
Tallahassee, FL 32399

Ref: IAM SERVICES, INC.
Doc.#V40483

To Whom It May Concern:

We are writing this letter because our Uniform Business Report was never received during the year 2002. There was a change of address since the end of the year 2001 and the reports were never sent to the correct address. We have enclosed a reinstatement with the fees due for 2002 and 2003. We ask that you please waive the penalty because the reports were never received. We apologize for any inconvenience this may cause you. Your prompt attention will be greatly appreciated.

Thank you,



Miriam Noda