

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 26 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000023080

1. Corporation Name
24 HOURS ASSISTANCE, INC.
200 S.E. First Street, #503
Miami, Florida 33131

Principal Place of Business Mailing Address (Same)
200 S.E. First Street, #503
Miami, Florida 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
~~200 S.E. First St., #503~~
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable
200 S.E. First St.,
503
Suite, Apt. #, etc.

REINSTATEMENT

00-01

4. Date Incorporated or Qualified To Do Business in Florida 3/12/99

City & State
Miami, Florida

City & State
Miami, Florida

5. FEI Number
65-0917511

Applied For
Not Applicable

Zip Country
33131 USA

Zip Country
33131 USA

6. CERTIFICATE OF STATUS DESIRED \$875 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	MICHEL ORTIZ	200 S.E. First St., #503	Miami, Florida 33131
V-P	JORGE CASTANEDA	200 S.E. First St., #503	Miami, Florida 33131
SEC.	BEATRIZ NUNEZ	200 S.E. First St., #503	Miami, Florida 33131
TREAS.	CLAUDIA GUTIERREZ CORDOBA	200 S.E. First St., #503	Miami, Florida 33131
			600003911716--7 -03/27/01--01044--002 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

LUIS O. RIOS
8360 West Flagler Street,
Suite #503
Miami, Florida 33144

9. Name and Address of New Registered Agent

Name
JORGE CASTANEDA
Street Address (P.O. Box Number is Not Acceptable)
200 S.E. First Street,
Suite, Apt. #, Etc.
503
City
MIAMI
State
FL
Zip Code
33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent
JORGE CASTANEDA REGISTERED AGENT MUST SIGN

Date 2/16/01

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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

Daytime Phone #

CR2E040 (12/96)