

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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04 SEP 20 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-09

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000045629

1. Corporation Name
HONDURAS RAG, CORP.

3300 NW 67 STREET
3300 NW 67 STREET

2. Principal Office Address
3300 NW 67 STREET

3. Mailing Office Address
3300 NW 67 STREET

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip Country
33147 USA

Zip Country
33147 USA

4. Date Incorporated or Qualified To Do Business in Florida 05/08/2000

5. FEI Number 65-1009837

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
JORGE LUIS ALTAMIRANO

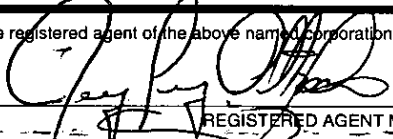
Street Address (P.O. Box Number is Not Acceptable)
3300 NW 67 STREET

Suite, Apt. #, Etc.

City MIAMI

State Zip Code
FL 33147

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 

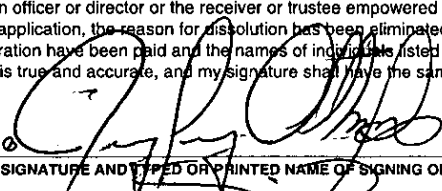
Date 09/14/04

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
D PT	JORGE LUIS ALTAMIRANO	3300 NW 67 STREET	MIAMI, FL 33147
D S	JIM ELROY MUNOZ	3300 NW 67 STREET	MIAMI, FL 33147

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 09/14/04

Daytime Phone # 305-693-8411

CR2E081 (01/04)

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HONDURAS RAG, CORP.
3300 NW 67 STREET
MIAMI, FLORIDA 33147

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PHONE (305) 693-8411
FAX (305) 693-8412

September-14, 2004

Florida Department of State
ATT: Glenda E Hood
Secretary of State

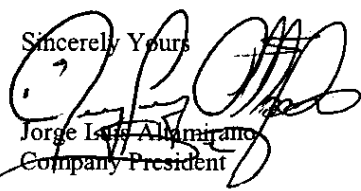
Division of Corporations
Uniform Business Report Filings
Reinstatement Department
409 East Gaines Street
Tallahassee, Florida 32302-1500

In RE: My UBR Doc # P00000045629
Years 2003 and 2004 Corporate Reinstatement filings.

My Accountant, Mr. Noel E. Escobar was updating our records today and he found that we were not active with the Dept. of State; I never received the annual report forms. Therefore this letter to you and we hereby request that you abate any penalties.

Please find enclosed a Corporation Reinstatement form and a check in the amount of \$ 300.00 for the above years.

Sincerely Yours


Jorge Luis Allamirano
Company President