


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

~~CORPORATION~~  
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 OCT 13 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2004  
CIBR

DOCUMENT # P03000148727

1. Corporation Name  
MD Westland Ranch Inc  
D/B/A Herrodula Liquors

2. Principal Office Address  
1670 Palm Ave  
Suite, Apt. #, etc.  
City & State  
Hialeah FL  
Zip  
33012  
Country  
Miami-Dade

3. Mailing Office Address  
Same  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

4. Date Incorporated or Qualified To Do Business in Florida  
12-09-2003

5. FEI Number  
90-0129238  
Applied For  
Not Applicable

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

al

7. Name and Address of Current Registered Agent

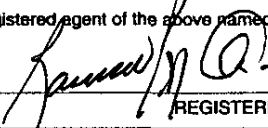
Name  
Ramiro J Perez

Street Address (P.O. Box Number is Not Acceptable)  
1250 SW 27th Ave

Suite, Apt. #, Etc.  
501

City  
Miami FL  
State  
FL  
Zip Code  
33135

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.

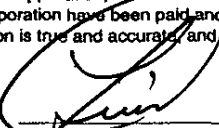
Signature of Registered Agent  REGISTERED AGENT MUST SIGN  
Date 10/2/04

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
Pres	Luis A. Diaz	4220 NW 196th St	Orlando City FL 32805

600041211996  
10/12/04--01023--013 \*\*150.00

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 10/3/04 Daytime Phone # (305) 541-9690



AND FINANCE, Inc.

1250 SW 27<sup>TH</sup> AVE  
SUITE 501  
MIAMI, FL. 33135

Phone: (305) 541-9690  
Fax: (305) 541-9615  
E-Mail :bcmandfinance@aol.com

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ATT. FLORIDA DEPARTMENT OF REVENUE.

REF.DOCUMENT P03000148727

DEAR SIR MADAM,

THIS LETTER IS TO INFORM YOU THAT THE RENEWAL NOTICE FOR THIS CORPORATION NEVER WAS RECEIVED.  
THIS CORPORATION NEVER STAR TO OPERATE AND IN THIS MOMENT IF YOU CHECK YOUR RECORDS HAS BENN TRANFER TO A NEW OFFICER AND NEW ADDRESS .  
THAT IS THE REASON THE REINSTAMENT FORM NEVER WAS RECEIVED.

I REALLY APRECIATE YOUR HELP IN THIS MATTER., AND IF YOU NEED MORE INFORMATION PLEASE LET ME KNOE.

RAMIRO J PEREZ  
ACCOUNTANT