FROM : H98000011007 PHONE NO. : Feb. 14 1997 12:17AM P2

APPROVED AND FILED
98 JUN 12 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P 93000079182

1. Corporation Name: P93000079182

MIAMI CANCUN INTERNATIONAL INC

Principal Place of Business / Mailing Address

3444 MAIN HWY # 20
COCONUT GROVE, FL 33133

REINSTATEMENT 95-98

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida: 11/17/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number: 65-0449055 ☒ Applied For ☐ Not Applicable
City & State	City & State	
Zip / Country	Zip / Country	6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

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	ANTHOULA DONTA	3444 MAIN HWY # 20	COCONUT GROVE, FL 33133
			8/6/12

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ANTHOULA DONTA 3444 Main Hwy #20 Coconut Grove FL 33133	Name: Anthoula Donta Street Address (P.O. Box Number is Not Acceptable): 3444 MAIN HWY # 20 Suite, Apt. #, etc.: City: COCONUT GROVE State: FL Zip Code: 33133

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

Signature of Registered Agent: [signature] Date: 06/09/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 [illegible] on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] 06/09/98 305-534-9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

Prepared by: Anthoula Donta 3444 Main Hwy # 20 Coconut Grove Florida 33133 (305) 534-9292

H98000011007

6/12/98 FLORIDA DIVISION OF CORPORATIONS 11:04 AM
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6/12/98 FLORIDA DIVISION OF CORPORATIONS 11:11 AM
PUBLIC ACCESS SYSTEM
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(((H98000011007 5)))

TO: DIVISION OF CORPORATIONS FAX #: (850)922-4000

FROM: FAS-T CORP. AGENTS, INC. ACCT#: 071001002335
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839 FAX #: (305)716-0346

NAME: MIAMI CANCUN INTERNATIONAL, INC.
AUDIT NUMBER.....H98000011007
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..0 PAGES..... 1
CERT. COPIES.....0 DEL. METHOD.. FAX
EST. CHARGE.. $1,245.00

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** ENTER 'M' FOR MENU. **