1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT -9 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UBR
00-02

DOCUMENT # P99000032129

1. Corporation Name
IMIGRANTES, INC.

2. Principal Office Address	3. Mailing Office Address
1547 NW 79TH Ave	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	same
City & State	City & State
Miami, FL	same
Zip / Country	Zip / Country
33126 / USA	same / same

4. Date Incorporated or Qualified To Do Business in Florida: 1999

5. FEI Number: 65-0909143 ☐ 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: ADEMIR MONARO

Street Address (P.O. Box Number is Not Acceptable): 1547 NW 79TH AVENUE

500008385865
10/16/02--01001--005 **450.00

Suite, Apt. #, Etc.: Miami, FL

City: MIAMI | State: FL | Zip Code: 33126

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: 10/04/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
P	ADEMIR MONARO	1547 NW 79TH Ave	Miami, FL 33126

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: _____ 10/04/02 (305) 592-3733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BD

IMIGRANTES, INC
1547 NW 79TH AVE - MIAMI, FL 33126
TEL: (305) 592-3733 FAX: (305) 592-8799

Miami October 4th 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement of Corporation / FED ID# 65-0909143

Dear Sir/Madam

Our corporation, IMIGRANTES INC, has been inactive since its opening and we would like to reinstate it.
We have learned that there is a US$ 600.00 late fee for not filing the annual reports. We would like to request that this fee be waived, since we never received any instructions for the years 2000 through 2002 as to what we should have done and we were not aware of the procedures .

Also please find enclosed check in the amount of US$ 450.00 for the reinstating of the corporation.

Sincerely yours

Ademir Monaro
President