

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**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

DOCUMENT # 99900032129

1. Corporation Name

IMIGRANTES, INC.

2. Principal Office Address

1547 NW 79TH Ave

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

same

City & State

Miami, FL

City & State

same

Zip

33126

Country

USA

Zip

same

Country

same

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

05-0909143

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

Suite, Apt. #, Etc.

Miami, FL

City

MIAMI

State

FL

Zip Code

33126

500008385895
10/16/02--01001--005 **450.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/04/02

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 79 TH 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/04/02 (305) 592-3733

Date

Daytime Phone #

CR2E001 (9/01)

20f2

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

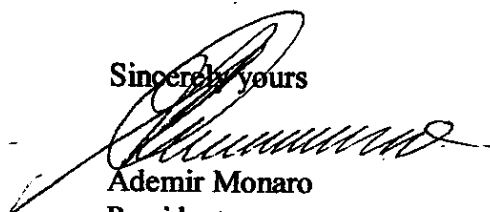
Dear Sir/Madam

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