APPLICATION . FOR REINSTATEMENT			FLORIDA DEPARTMEN • Sandfa B. Mort Secretary of S DIVISION OF CORPOR			t ham tate	FILED 97 JAN 30 AM 8: 27				
DOCUMENT # S68991 1. Corporation Name								SECRETA	ANY OF STATE SSEE, FLORID	A	
	2721,							Irica .			
Principa! Place of Business Mailing Addr 1805 West 76 Street 18					^{ress} 05 West 76 Street						
					ialeah, Florida			REINS	STATEN	MENT	05-97
	ddresses are in ncipal Office Ad	•	•	ugh incorrect in 3. New Mailir			orrection below. Applicable	4. Date incorpo	orated or Qualified		
1068 West 29 Street Suite, Apt #, etc.				1068 West 29 St. Suite, Apt #, etc.			treet	To Do Busin 5. FEI Number	ness in Florida		26, 1991 Applied For
City & State Hialeah FL			City & State Hialeah			⁷ L	65 - 029 7844 Not Applice			Not Applicable	
Zip	T	Country USA	# / 1 / / 1 #1 #1 #1	Zıp		Country	USA	6. CERTIFICATE	OF STATUS DESIRE		dditional Fee required Dertificate of Status
7. Names a	ind Street Addre	esses of Each (r Director (Flor	rida nonpro		ions must list at lea				
Title(s) 1	Name of Officers and/or Directors 2				Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N			r	4	City / State /	Z ip
P/S Rafael Sanchez					1068 West 29 Stre			eet	Hial	eah 1	FL
					00002077240 -02/04/9701142006 ***1080.00 ***1080.0						4106 42-006 **1080.00
										Mh1-2	1.01
	8. Name	and Address o	of Current R	egistered Age	nt	·····		9. Name and A	ddress of New Re	JV / ^	
8. Name and Address of Current Registered Agent Name							Name			<u> </u>	
Carlos A. Triay 999 Ponce de Leon Blvd.						Street Address (P.O. Box Number is Not Acceptable)			
Suite 1110 Coral Gables, FL 33134					Suite, Apt. #, Et						
	COLAL	Jaures,	, ги э	3134		Ì	City			State Zij	Code
10. I, being Signature of Registered A		eoistered agen	2	e named corpo)		n and accept the ol	oligations of Section	1	27/9	7-
11. Do De	es this co pt. of Rev	rporation enue un	n pay ai	ny intang	ible tax	to the	e tes. Yes	 ✓ No ⊠	(See	other side for on intangible	
this reins owed by	statement application the corporation	ation, the reason have been pai	on for dissolu d and the na	ution has been o nmes of individu	eliminated, Jals listed o	the corpora n this form	ate name satisfies	the requirements of an exemption und	oter 607 or 617, F.S of section 607.0401 er section 119.07(3	or 617.0401. F	y that when filing F.S., that all fees iformation indicated
SIGNAT	URE	ATURE AND TY	ED OR PRIN	nels TED NAME OF S	R.	A AA Q (SACA	et Press)) L7 9	7 305 Daytime	- 885-5912 Phone #