

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 16 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000113854

1. Corporation Name

2. Principal Office Address

2025 WEST FIRST STREET

3. Mailing Office Address

PO BOX 2246

Suite/Apt. #, etc.

Suite, Apt. #, etc.

A

City & State

Fort MYERS, FL

City & State

Fort MYERS, FL 33902

Zip

33901

Country

U.S.A.

Zip

33902

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1004012

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

VILMAR RIBEIRO

Street Address (P.O. Box Number is Not Acceptable)

2025 WEST FIRST STREET

Suite/Apt. #, Etc.

A

City

Fort MYERS

800021269048

07/02/03--01027--006 **300.00

State

FL

Zip Code

33901

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

May 18th, 2003

REGISTERED AGENT MUST SIGN

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
President	VILMAR RIBEIRO	350 Van Buren St.	Fort MYER, FL 33916
MARKETING DIRECTOR	DONNA RIBEIRO	350 VAN BUREN ST.	Fort MYER, FL 33916
INTERNATIONAL TRADE MANAGER	Egberto E. Maciel	320 Chattanooga Dr.	Fort MYER, FL 33905

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:

VILMAR RIBEIRO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

May 18th 2003

Daytime Phone #

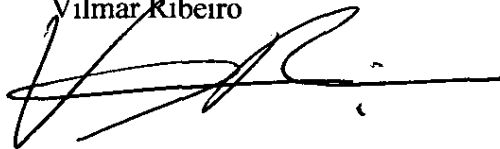
CR2E081 (10/02)

July 14, 2003

To Kathy Ashton, Document Specialist,

I am writing to inform you that I have never received year 2002 uniform business report. I therefore request that the late fees be waived for that reason.

Sincerely,
Vilmar Ribeiro

A handwritten signature in black ink, appearing to be 'Vilmar Ribeiro', written over a horizontal line.

President.