	ALL DIOTOLIOTICALO	DEEDDE 0	COMP. ETIMO TIMO	
APPLICATION FOR	Condra D Martham		APPROVI	
REINSTATEMENT	Secretary of State		FILED	
DOCUMENT# 664763			98 NOV 19 AM 10: 33	
1. Corporation Name			SECRETARY OF STATE	
MUNDITOUR, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address				
3935 NW 26 31.			1 (1014 - 1110 - 1140 - 11811 10610 - 1814	I IIII Tide didik Eldi dibin bibir didik kal
HAMI FL 33142 MIAMI FL 39142—				
. If above addresses are incorrect in any way, line through incorrect information and enter correction below.			REINSTAT	EMENT %
2. New Principal Office Address, if Applicable 3. New Mailing Office Address, if Applicable 920 / Sω /02 ST 920 / Sω /03		Applicable	Date Incorporated or Qualiflet To Do Business in Florida	·
Suite, Apt. #, etc.	etc. Suife, Apt. #, etc.		5. FEI Number	02/25/1980 Applied For
City & State	City & State Fire i DA		59-1982756	Not Applicable
Zip 32176 Country S.A.	Zip Countr	15A	6. CERTIFICATE OF STATUS DESI	RED S\$.75 Additional Fee required for a Certificate of Staffus.
7. Names and Street Addresses of Each Officer and/ Name of Officers		ations must list at lease		
Title(s) and/or Directors 1 2	e(s) and/or Directors Officer and/or		City / State / Zīp 4	
PTD HERNANDEZ, JORGE A. 9201 SW 102 ST.		•	MIAMI FL	
VPSD HERNANDEZ, PURA O. 9201 SW 102 S		•	MIAMI FL	
000002699550				26995506
			-12/01/9801088009 ****750,00 ****750,00	
				100100
			3	
8. Name and Address of Current Registered Agent Name			9. Name and Address of New I	Registered Agent
HERNANDEZ TORGE A			O. Box Number is Not Acceptable	
3935 NW 26 ST.			.o. box Nutriber is Not Acceptable	;/
MIAMI FL 33142 Suite, Apt. #, Etc.				
				FL_
10. I, being appointed the registered agent of the above signature of registered Agent	ve named corporation, am familiar wi	th and accept the ob	~~``	1, 16,1998
RE	GISTERED AGENT MUST SIGN			10
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No				
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 filling 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: STATURE OF PRINTED NAME OF STATURE DAY DAY DAY DAY TYPED OR PRINTED NAME OF STATURE OF DIRECTOR DATE DAY				