

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUL -3 AM 9:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F97000004872**

1. Corporation Name

MEGA POLI INTERNATIONAL, INC.

2. Principal Office Address

999 PONCE DE LEON BLVD.

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE 625

Suite, Apt. #, etc.

City & State

CORAL GABLES, FLORIDA

City & State

Zip

33134

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/18/97

5. FEI Number

06-1248701

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

JESUS A. DIAZ

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

3518 SAHARA SPRINGS BLVD.

Suite, Apt. #, Etc.

City

POMPANO BEACH

State
FL

Zip Code

33069

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

J. A. Diaz

REGISTERED AGENT MUST SIGN

Date **6-28-00**

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
D, P	ROBERTO CAMINO	999 PONCE DE LEON BLVD. SUITE 625	CORAL GABLES, FL 33134
D, S/T	JESUS A. DIAZ	3518 SAHARA SPRINGS BLVD	POMPANO BEACH, FL 33069

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 provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

KE

SIGNATURE:

J. A. Diaz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JESUS A. DIAZ

Date

(954) 786-3250

Daytime Phone #