


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 OCT 14 PM 4:31

SECRET  
DATE

DOCUMENT # J70424

1. Corporation Name  
INCOMVENSA, CORP.

2. Principal Office Address  
1720 N.W. 36<sup>th</sup> AVE.

3. Mailing Office Address  
1720 N.W. 36<sup>th</sup> AVE.

City & State  
MIAMI, FL.

City & State  
MIAMI, FL.

Zip Country  
33125 USA

Zip Country  
33125 USA

4. Date Incorporated or Qualified To Do Business in Florida 4-29-87

5. FEI Number 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  
CARLOS SAN ANDRES

Street Address (P.O. Box Number is Not Acceptable)  
1720 N.W. 36<sup>th</sup> AVE.

Suite, Apt. #, Etc.

City  
MIAMI

State Zip Code  
FL 33125

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 Carlos San Andres Date 10/7/05

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
<u>P, S, D</u>	<u>CARLOS SAN ANDRES</u>	<u>1720 N.W. 36<sup>th</sup> AVE.</u>	<u>MIAMI, FL. 33125</u>

**REINSTATEMENT 94-05**

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: Carlos San Andres Date 10/7/05 Daytime Phone # 305-635-9255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)