

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

2004 JUN -4 PM 5:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M38612

1. Corporation Name  
COMERCIALIZADORA MARANDRES OF FL. INC.

10839 NW 7TH STREET

2. Principal Office Address

3. Mailing Office Address  
10839 NW 7TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
14

City & State

City & State  
MIAMI FL

Zip

Country

Zip  
33172

Country  
USA

REINSTATEMENT 03-04

300037665703  
06/04/04--01033--016 \*\*317.50

4. Date Incorporated or Qualified  
To Do Business in Florida 03/31/1989

5. FEI Number 65-0101542

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  
CESAR A. PEREA

Street Address (P.O. Box Number is Not Acceptable)  
10839 NW 7TH STREET

Suite, Apt. #, Etc.  
14

City  
MIAMI

State  
FL Zip Code  
33172

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 *Cesar A. Perea*

Date 05/26/2004

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
P	CESAR A. PEREA	10839 NW 7th STREET	MIAMI FL 33172
S	IRMA THOMPSON	10839 NW 7th STREET	MIAMI FL 33172
V	OLGA M. PEREA	10839 NW 7th STREET	MIAMI FL 33172

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: *Cesar A. Perea*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/26/2004

Date Daytime Phone #

CR2E081 (07/04)

COMERCIALIZADORA MARANDRES OF FL., INC.  
10839 NW 7<sup>TH</sup> STREET APT. 14  
MIAMI, FL. 33172  
305-223-0698

May 26, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

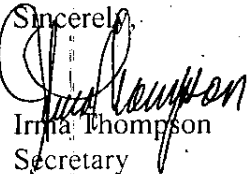
Ref #: M38612

Dear Sir:

I am requesting a reinstatement of my corporation for the years 2003 and 2004. I am also requesting that you waive the additional reinstatement fees because for the past two years I have not received the annual business report or the dissolution/revocation form. I believe that it may be because you have the wrong address in your records. I sent in a change of address (Form 8822) and my 2002 corporate tax return also reflects a change of address however, when I entered the internet to verify my status, I found the address to be different. Please accept the \$300.00 (Three-Hundred dollars) fee for the two years and reconsider my corporate status as active.

Your kind attention to this matter is greatly appreciated.

Sincerely,

  
Irma Thompson  
Secretary