


1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 10 AM 8:00

DOCUMENT # N00000000376

1. Corporation Name

UNIDAD HONDUREÑA, INC

2. Principal Office Address

1421 SW 8 STREET

Suite, Apt. #, etc.

4

City & State

MIAMI, FL

Zip

33135

Country

USA

3. Mailing Office Address

1421 SW 8 STREET

Suite, Apt. #, etc.

4

City & State

MIAMI, FL

Zip

33135

Country

USA

REINSTATEMENT 03-04
MRD

4. Date Incorporated or Qualified To Do Business in Florida 01/20/2000

5. FEI Number

65-0974570

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

JOSE LAGOS

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

1421 SW 8TH STREET

Suite, Apt. #, Etc.

4

City

MIAMI

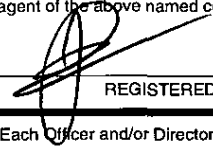
State
FL

Zip Code
33135

700035794907
05/10/04--01026--007 **131 25

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



REGISTERED AGENT MUST SIGN

Date 04/28/2004

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	JOSE LAGOS	1421 SW 8 STREET # 4	MIAMI, FL 33135
VP	BURIJ MUCHNIK	1421 SW 8 STREET # 4	MIAMI, FL 33135
TS	SERGIO MASSA	8347 SW 40 STREET	MIAMI, FL 33155

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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/2004

Date

305-285-1755

Daytime Phone #

CR2E081 (01/04)

2072

Miami, April 29th, 2004

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: UNIDAD HONDUREÑA
Doc Number N00000000376

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2003 Uniform Business Report. We think it was sent to a different location.

We are enclosing a check for \$131.25 to cover the following fees:


2003 Uniform Business Report	\$ 61.25
2004 Uniform Business Report	\$ 61.25

AND \$8.75 FOR A CERTIFICATE OF STATUS.

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 1997.

Your consideration will be greatly appreciated.

Sincerely,


JOSE LAGOS
President
1421 S.W 8TH STREET
MIAMI, FLORIDA 33135