

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN 14 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000015022**

1. Corporation Name

**REPRESENTACIONES & IMPORTACIONES
AMAZONA, INC**

2. Principal Office Address

168 SE 1 ST

Suite, Apt. #, etc.

300A

City & State

MIAMI, FL.

Zip

33131

Country

—

3. Mailing Office Address

168 SE 1 ST

Suite, Apt. #, etc.

300A

City & State

MIAMI, FL.

Zip

33131

Country

—

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/2000

5. FEI Number

65-0984406

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

LUIS F. ESCAMILLA

500006072215--9

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

2684 SW 135 AVE

06/27/02 01069-005

******300.00 ****300.00**

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

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

Luis Francisco Escamilla

REGISTERED AGENT MUST SIGN

Date

06/11/02

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
DPS	ESCAMILLA, LUIS FL.	2684 S.W 135 AVE.	MIRAMAR, FL. 33027

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:

Luis Francisco Escamilla

Luis F. ESCAMILLA (PRES)

06/11/02

(305) 375-0560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)