

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000032930

1. Corporation Name

BIMBA MIAMI, INC.

2. Principal Office Address

PO BOX 141286

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL.

Zip

33134

Country

3. Mailing Office Address

1313 EL RADO ST.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL.

Zip

33134

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED
05 DEC 30 PM 3:00
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-05-

RECEIVED JAN 04 2006

7. Name and Address of Current Registered Agent

Name

PHILIPP FISCHLEDER

100063010131

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

~~PO BOX 141286~~ / 1313 EL RADO ST.

01/06/05--01055--012 **13 0.00

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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

Philipp Fischleder

REGISTERED AGENT MUST SIGN

Date

11/29/05

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	PHILIPP FISCHLEDER	PO BOX 141286	CORAL GABLES, FL. 33134

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:

Philipp Fischleder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/29/05