

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 SEP 20 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000045629**

**1. Corporation Name**

HONDURAS RAG, CORP.

3300 NW 67 STREET  
3300 NW 67 STREET

**2. Principal Office Address**

3300 NW 67 STREET

**3. Mailing Office Address**

3300 NW 67 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33147

Country

USA

Zip

33147

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 05/08/2000

**5. FEI Number**

65-1009837

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 03-04**

**7. Name and Address of Current Registered Agent**

Name

JORGE LUIS ALTAMIRANO

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

3300 NW 67 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33147

800041176048  
09/20/04--01063--001 \*\*300.00

**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

Date 09/14/04

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
D PT	JORGE LUIS ALTAMIRANO	3300 NW 67 STREET	MIAMI, FL 33147
D S	JIM ELROY MUNOZ	3300 NW 67 STREET	MIAMI, FL 33147

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/14/04

Date

305-693-8411

Daytime Phone #

CR2E081 (01/04)

2 of 2

FILED

04 SEP 20 AM 11:35

**HONDURAS RAG, CORP.**  
**3300 NW 67 STREET**  
**MIAMI, FLORIDA 33147**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PHONE (305) 693-8411**  
**FAX (305) 693-8412**

September-14, 2004

Florida Department of State  
ATT: Glenda E Hood  
Secretary of State

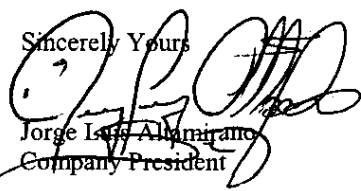
Division of Corporations  
Uniform Business Report Filings  
Reinstatement Department  
409 East Gaines Street  
Tallahassee, Florida 32302-1500

In RE: My UBR Doc # P00000045629  
Years 2003 and 2004 Corporate Reinstatement filings.

My Accountant, Mr. Noel E. Escobar was updating our records today and he found that we were not active with the Dept. of State; I never received the annual report forms. Therefore this letter to you and we hereby request that you abate any penalties.

Please find enclosed a Corporation Reinstatement form and a check in the amount of \$ 300.00 for the above years.

Sincerely Yours

  
Jorge Luis Allamirano  
Company President