

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P000000048627

1. Corporation Name

MI PRIMERA CANASTILLA INC
7795 W. FLAGLER ST
MIAMI

2. Principal Office Address

7795 W. FLAGLER ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33144

Country

USA

3. Mailing Office Address

1688 CORAL WAY

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33145

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

MAY 16, 2000

5. FEI Number

65-1010114

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

VIDA A. MEDINA RODRIGUEZ

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

1688 CORAL WAY.

Suite, Apt. #, Etc.

800004719358--8

12/11/01-01073-025

****750.00 ****750.00

City

MIAMI FL

State

FL

Zip Code

33145

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

X *[Signature]*

Date 10-31-01

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
PRES.	JULIO ALEXANDER GUTIERREZ	411 NW 82nd AVE, Apt 1006	MIAMI FL 33126
V-PRES	ENRIQUE ANTONIO RODRIGUEZ	411 NW 82nd AVE, Apt 1006	MIAMI FL 33126
SEC.	VIDA A. MEDINA RODRIGUEZ	411 NW 82nd AVE, Apt 1006	MIAMI FL 33126

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: X *[Signature]*

VIDA A. MEDINA RODRIGUEZ

10/31/01 (305) 285-8868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (9/00)