

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

02 JUL 17 AM 11:52

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P0000050619

1. Corporation Name

MUNIZ-ALBA ENTERPRISES, INC.

Principal Place of Business

Mailing Address

7901 NW 67TH STREET
 MIAMI FL 33166

7901 NW 67TH STREET
 MIAMI FL 33166



REINSTATEMENT 01-02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/23/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-102-5938

Applied For
 Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P.	José de Jesús Muñoz Rueda	7901 N.W. 67 street	Miami - Florida - 33166
V.P.	Milton Marlon Muñoz Alba	7901 N.W 67 street	Miami - Florida - 33166

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 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

SERRANO, FERNANDO
 7901 NW 67TH STREET
 MIAMI FL 33166

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 7-12-02

11. 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 Milton Marlon Muñoz Alba 5-25-02

Date Daytime Phone #

CR2E040 (8/01)