

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10fz



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 5:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000051275

1. Corporation Name

M.W.S. ENTERPRISES, INC.

Principal Place of Business

9700 S.W. 24TH STREET
MIAMI FL 33165

Mailing Address

9700 S.W. 24TH STREET
MIAMI FL 33165

2002 YBR



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/24/2000

5. FEI Number

65-1012881

Applied For

Not Applicable

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
VPSD	SAENZ, NORMA	9700 S.W. 24TH STREET, Suite-D-	MIAMI FL 33165

800008979288
11/14/02--01010--014 **150.00

8. Name and Address of Current Registered Agent

CALDERON, ROLDAN
9700 S.W. 24TH STREET
MIAMI FL 33165

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/10/2002

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

Date

Daytime Phone #

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CR2E040 (8/02)

11901 SW 5 Street
Miami, FL 3314

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Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Reinstatement Application

To Whom It May Concern:

My name is Norma Saenz. I am sending you this letter to advise you that I was on a leave of absence from Fritanga India Bonita for several months due to illness. During this time I was not made aware that this fee was due and unfortunately this document never reached my hands. This of course, is the reason why I was not able to pay on time. I hope that you can understand my situation. Not only have I been sick, but sales have also declined a great deal due to the financial situation that the country is facing. I ask you to please waive the penalty charges.

I am enclosing a personal check in the amount of \$150.00 that corresponds to the year 2002.

Your assistance and understanding is greatly appreciated.

Sincerely,

Norma Saenz
Owner
India Bonita

