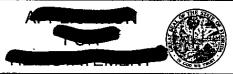
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV 14 PH 5: 44



FLORIDA DEPARTMENT OF STATE Jim Smith

> Secretary of State **DIVISION OF CORPORATIONS**

P00000051275 **DOCUMENT #**

1. Corporation Name

SIGNATURÉ:

i. Corpor	ation Name				VIALE BO YGATAGOOD		
M.W.S. ENTERPRISES, INC.					SECRETARY OF STATE TALLAHASSEE, FLORES		
Principal Place of Business 9700 S.W. 24TH STREET MIAMI FL 33165		Mailing Address 9700 S.W. 24TH STREET MIAMI FL 33165					
	addresses are incorrect in any way, line the incipal Office Address, If Applicable		nformation and en		Date Incorp To Do Busi	orated or Qualified	
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State			5. FEI Numbe		05/24/2000 Applied For Not Applicable
Zip	Country	Zip	Cou	untry	6. CERTIFICATI	E OF STATUS DESIRED	S8.75 Additional Fee required for a Certificate of Status
7. Names	and Street Addresses of Each Officer and	d/or Director (Flo	rida nonprofit com	porations must list at lea	st 3 directors)		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director			City / State / Zip		
VPSD	SAENZ, NORMA 9700 S			TH STREET 34-D- MIAMI FL 33165			
* * * * * * * * * * * * * * * * * * *					80 11/14/	0008979 020101001	1288 4 **150.00
······							
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent		
9700	ERON, ROLDAN S.W. 24TH STREET FL 33165	Name Street Address (F Suite, Apt. #, Etc.		P.O. Box Number is Not Acceptable)			
				City			State Zip Code
10. I, being Signature of Registered	g appointed the registered agent of the ab	ove named corporate to the second		r with and accept the ol	oligations of Sect		.0505, F.S.

AGENT MUST SIGN

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

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 filling 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

Daytime Phone #

Date

11901 SW 5 Street Miami, FL 3314



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