


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P00000083095</u>			
1. Corporation Name <u>I66, Corp.</u>			
2. Principal Office Address <u>104 Grandm Blvd.</u>		3. Mailing Office Address <u>P.O. BOX 490315</u>	
Suite, Apt. #, etc. <u>315</u>		Suite, Apt. #, etc. 	
City & State <u>Key Biscayne, FL</u>		City & State <u>Key Biscayne, FL</u>	
Zip <u>33149</u>	Country 	Zip <u>33149</u>	Country

FILED

02 MAR 15 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/04/01 91048 054 158 25

4. Date Incorporated or Qualified To Do Business in Florida <u>09/01/2000</u>	
5. FEI Number <u>65-1036775</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <u>Lucero Calip</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>657 8249 Street</u>		
Suite, Apt. #, Etc. 		
City <u>Miami Beach</u>	State <u>FL</u>	Zip Code <u>33141</u>

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04/02/02 0100--016
***158.75 ***158.75

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

Lucero Calip

Date

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.	Ramiro Iglesias	104 Grandm Blvd Suite #315	Key Biscayne, FL 33149
Sec.	Alicia Iglesias	104 Grandm Blvd Suite #315	Key Biscayne, FL 33149

01-02432

TS

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:

A. L. de Iglesias

ALICIA IGLESIAS

03/14/02
305-361-0163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

IGLO, CORP.

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March 14, 2002

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

Ref: P00000083095

EIN 65-1036775

Dear Sir or Madam:

I am sending a Corporation Reinstatement form for Iglo, Corporation in order to reactive it; a check for \$158.75 was sent to you last year to paid register fees, and the copy is enclosed. Also, a check for the same amount is enclosed to cover the fee for the Uniform Business Report for 2002 year. According to a phone conversation with one of your representatives, this letter serves to avoid the payment for the reinstatement fee since we didn't receive any information about any problem with our filing status, or the information provided in our application.

I really appreciate your attention to this matter. If you need extra information, please contact our Office Assistant Mr. Jaime Orozco to phone #305 361-0163 or to fax #305 361-8470.

Sincerely,

Alicia Iglesias
Secretary

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Enclosures