

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000085229		1. Corporation Name TAPICERIA NICA EL TRIUNFO, CORP.	
Principal Place of Business 3945 NW 32ND AVENUE #C MIAMI FL 33142		Mailing Address 3945 NW 32ND AVENUE #C MIAMI FL 33142	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable SAME		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 09/08/2000		5. FEI Number 65-1038010	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		8. Name and Address of Current Registered Agent	
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	SUAREZ, CESAR A	3190 NW 40TH STREET	MIAMI FL 33142
VD	ESCOBAR, SEBASTIAN	2504 NW 34TH STREET #A	MIAMI FL 33142
7000004694917--1		-11/27/01--01036--015	
****150.00		****150.00	
9. Name and Address of New Registered Agent		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.	
Name SAME		Signature of Registered Agent	
Street Address (P.O. Box Number is Not Acceptable)		Date 10-25-01	
Suite, Apt. #, Etc.		REGISTERED AGENT MUST SIGN	
City		State FL Zip Code	
11. I certify that I am an officer or director of 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 REQUIRED		10/25/01 (305) 635-0637	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

October 25, 2001.

FLORIDA DEPARTMENT OF STATE
Katherine Harris, Secretary of State.
Division of Corporation
P.O. Box 6327 Tallahassee, FL 32314.

Re: Corporate Annual Fee # P00000085229

Dear Secretary of State:

The Purpose of this letter is to request an exemption of penalty for late payment of **TAPICERIA NICA EL TRIUNFO, CORP.**

The late payment it's because I never receipt any document from **FLORIDA DEPARTMENT OF STATE**, for annual fee about this Corporation, may be was wrong mail or other circumstance Unknown, this is my first corporation and I have not any experience about it, justly I start up my Business on September, 2001 because was difficult to get local business license.

I m requesting said exemption because my business is on difficult economic situation to and I hope from you, a favorable comprehension for me in this **reinstatement application**.

I have attached payment of annual fee for \$150.00

Should you have any question regarding this reinstatement, please call me at telephone number (305) 635-0637

TAPICERIA NICA EL TRIUNFO, CORP.



CESAR A. SUAREZ (P=)