$\pm 1300$	UMENT# <b>P00000</b>	SINESS REP		<i>JUI</i> ()	] ,		
1. Entity N	lame				F	ILED	
MINILAB RECONSTRUCTION SERVICES, INC.					02 JUL -5 AM 9: 36		
Principal Place of Business 6060 NW 186TH STREET #303 MIAMI FL 33015		Mailing Address 6060 NW 186TH STREET #303 MIAMI FL 33015			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
		MIMMI FL 330 [3	)		00000063	<u> </u>	0
2. Principal Place of Business 548 W. 27TH STREET Suite, Apt #, etc.		3. Mailing Address 548 W. 27TH STREET Suite, Apt. #, etc.			000063121800 -07/10/0201031019 *****300.00 *****300.00		
City & S		City & State			4. FEI Number		
HIALEA Zip	AH, FLORIDA Country	HIALEAH, FLORI	<del></del>		65-1042794		plied For it Applicabl
33010	USA	Ziρ 33010	Country		5. Certificate of Status Desired	\$8.75 A	dditional
	6. Name and Address of Current	Registered Agent			7. Name and Address of Now R	Fee Requi	red
QUINTERO, RODOLFO 9801 W. FLAGLER STREET C-302			DI	Name DE FREITAS, ELIEL Street Address (P 0 Box Number is Not Acceptable) 548 W. 27TH STREET			
MIAMI	FL 33174						· · · · · · · · · · · · · · · · · · ·
			Cit	ÍΔI FΔH		FL Zip Code 33010	
8. The above	e named entity submits this statement for	the purpose of changing its re	egistered office of	or registered age	ent. or both, in the State of Florida	FL 33010	
	a Kunt	•		_			
SIGNATURE					•		
	Signature, typed or pristed hame of registered agent	and title if applicable (NO	OTE: Registered Agent	signature required w	nen reinstiding)	2015	
Tax filing	Signature, typed of private finite of registered agent to requirement and elects to do so.	FILE NOW After May 1, 2	OTE: Registered Agent	150.00 e \$550.00	10. Election Campaign Fina	- μ.υ. ψυ.υι	<b>0</b> may Be
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW After May 1, 20 Make Check Paya	/III FEE IS \$1 002 Fee will b ble to Departr	150.00 e \$550.00 ment of State	10. Election Campaign Fina Trust Fund Contribution	ncing \$5.00	<b>0</b> may Be
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SIGNATURE: SIGNATURE: SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE REINSTATEMENT DEPARTMENT DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE - FL - 32314

To Whom It May Concern:

I would like to inform you that I have a Profit Corporation by the following name:

## MINILAB RECONSTRUCTION SERVICES, INC. Doc. # P00000090668

Our corporation has its articles filed with Florida department of State-Division of Corporation on 09/26/2000. Unfortunately, we never received the first notice, of our 2001 UBR form; and we did not know that we must pay it annually. This is the first time we are renewing our corporation.

As this happened against our will, we would like to ask you please wave the Reinstatement Fee, as I am sending you the amount of US\$ 300.00, plus the UBR 2002 completed Form. I would like to ask you to please consider this, and file these as soon as possible.

If there is any other necessary information concerning this matter, please feel free to contact me. Thank you.

Sincerely,

ELIEI DE FREITAS

F (President

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