

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**


04 DEC 22 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 04**

MRD

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000104297

1. Corporation Name  
LE APUESTO INC

11149 NW 72 TERR.  
11149 NW 72 TERR

2. Principal Office Address  
11149 NW 72 TERR.

3. Mailing Office Address  
11149 NW 72 TERR

Suite, Apt. #, etc.

City & State  
MIAMI

City & State  
MIAMI

Zip Country  
33178 USA

Zip Country  
33178 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 11/07/2000

5. FEI Number  
65-1052834

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Barrington G. Coombs & Associated PA

Street Address (P.O. Box Number is Not Acceptable)  
5040 NW 7 Street

Suite, Apt. #, Etc.  
412

City  
Miami

State Zip Code  
FL 33126

200044537162  
01/11/05--01048--007 \*\*198.75

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 Barrington G Coombs Date 12/14/04

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
D	ROSA H SANCHEZ	11149 NW 72 TERR	MIAMI, FL 33178
D	JORGE A FRANCO	9551 FOUNTAINEBLUE BLVD #202	MIAMI, FL 33172

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: Rosa Helena Sanchez Date 12/14/04 305-480-0424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)

202

**Barrington G. Coombs & Associates PA**  
Certified Public Accountant

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Florida department of State  
Secretary of State  
Division of Corporations

RE: P00000104297  
Le Apuesto, Inc.

To whom it my concern:

I let you know my client Le Apuesto, Inc never received the Uniform Report for 2004.

*Barrington G Coombs*

Barrington G Coombs CPA

If you need any question concern to my client please do not hesitate to call me