

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN -4 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0100000 5749

1. Corporation Name

Mundo Negrin, Inc.

2. Principal Office Address

1924-26 W 60 Street

Suite, Apt. #, etc.

City & State

Hialeah

Zip

33012

Country

USA

3. Mailing Office Address

8550 W. Flagler Street

Suite, Apt. #, etc.

110

City & State

Miami, FL

Zip

33144

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1091-765

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRE

NO

7/5. Additional Fee required
for a Certificate of Status

500043538555
12/20/04--01071--017 **758.75

7. Name and Address of Current Registered Agent

Name

Salvador Negrin

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

1924-26 West 60 Street

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33012

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/14/04

\$758.75
PAID

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
<u>Pres.</u>	<u>Salvador Negrin</u>	<u>1924-26 W. 60 ST.</u>	<u>Hialeah, FL 33012</u>

500045401735
01/27/05--01014--018 **141.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

11/14/04

Daytime Phone #

(305)

CR2081 (01/04)