

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY 29 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PO10000 S1285

MIO WEST INTERNATIONAL GROUP, INC.

2. Principal Office Address

1825 Ponce de Leon Blvd.

Suite, Apt. #, etc.

422

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

3. Mailing Office Address

1825 Ponce de Leon Blvd.

Suite, Apt. #, etc.

422

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-1107074

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

000020250960

05/29/03--01038--010 \*\*300.00

**7. Name and Address of Current Registered Agent**

Name

YSRAEL FERNANDEZ

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

32 NW 48 PL

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33126

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 5/27/03

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	YSRAEL FERNANDEZ	32 NW 48th PL	MIAMI FL 33126
VP	SIGFREIDO GUBAN	18820 NW 19 ST.	PEMBROKE PINES, FL 33139
VP	OCTAVIO C. LOPEZ	14960 SW 70 PL.	DAVIE, FL 33331

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]* O.C. LOPEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/03

Date

305-724-3023

Daytime Phone #

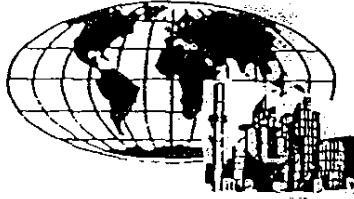
CR2E081 (10/02)

5/30

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT #</b> 1. Entity Name <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;">MID WEST INTERNATIONAL GROUP, INC</div>			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;">1825 Ponce de Leon Blvd</div>		3. Mailing Address <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;">1825 Ponce de Leon Blvd</div>	
Suite, Apt. #, etc. <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;">422</div>		Suite, Apt. #, etc. <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;">422</div>	
City & State <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;">Coral Gables, FL</div>		City & State <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;">Coral Gables, FL</div>	
Zip <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;">33134</div>		Zip <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;">33134</div>	
Country <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;">USA</div>		Country <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;">USA</div>	
4. FEI Number <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;">65-1107074</div>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City			
State Zip Code <div style="text-align: right; font-family: cursive; font-size: 1.2em;">FL</div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;">Ysrael Fernandez, Pres.</div>		Date <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;">5/27/03</div>	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<b>DO NOT WRITE IN THIS SPACE</b>			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;">O.C. Lopez, V.P.</div>		Date <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;">5/27/03</div>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;">305-724-3023</div>	

CR2E034B (12/02)



## **MID WEST INTERNATIONAL GROUP, INC.**

1825 Ponce de Leon Blvd., suite 422

Coral Gables, Florida 33134-4418

Tel (954) 252 0540 • Cell (786) 306 0878 • E-mail: midwesinter@yahoo.com

May 27, 2003

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

Gentlemen:

Pursuant to my telephone conversation with your office, attached please find our check in the amount of \$300.00 representing reinstatement fee for our corporation, which was administratively dissolved on Oct. 4, 2002 for failure to file the 2002 UBR. We have downloaded the blank form, and enclose it herewith properly filled out.

Please note that at no time did we receive this form, thus we are extremely thankful of your understanding in not assessing penalties, and allowing us to reinstate this corporation.

If you have any questions, please do not hesitate to contact us. Thank you.

MID WEST INTERNATIONAL GROUP, INC.

Octavio C. Lopez  
Vice President

OCL/hos  
Encs.