

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 OCT 22 AM 8:01

**DOCUMENT #**

1. Corporation Name

P01000051942

ULYSSES IMPORTS S.A., INC.

**2. Principal Office Address**

8200 N.W. 14 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33126

Country

U.S.A.

**3. Mailing Office Address**

8200 N.W. 14 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33126

Country

U.S.A.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

7/1/01

**5. FEI Number**

65-1107070

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

02 UBR

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

Name

JAVIER AMARO, V.P.

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

335 WEST 68 STREET, #201

Suite, Apt. #, Etc.

HIALEAH, FLORIDA 33014

City

State

FL

Zip Code

**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

REGISTERED AGENT MUST SIGN

Date 10/10/02

**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
DP	ULYSSES L. GONZALEZ	252 EAST 55 STREET	HIALEAH, FL 33013
VP	JAVIER AMARO	335 WEST 68 STREET, 201	HIALEAH, FL 33014

**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

Date

10-10-02

Daytime Phone #

CR2E081 (9/01)

10/25/02

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***Ulysses Imports S.A., Inc.***

8300 Northwest 14<sup>th</sup> Street  
Miami, Florida 33126  
786-286-4549

October 9, 2002

Divisions of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

**RE: *Ulysses Imports S.A., Inc.***  
***Document #P01000051942***

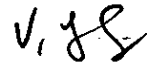
To Whom It May Concern:

We are the shareholders for the above referenced company. The Company is a new Florida Corporation who is unfamiliar with tax filings. We appointed our accountant to assist us on certain financial and tax issues related to the Company. That individual also was responsible for receiving and filing all correspondences for the Company, including tax correspondences and filings. Today, 10/9/02, we checked your website to see if the Company's 2002 Annual Report had been filed accordingly. As of 10/4/02, the Department still had not received the Annual Report.

We contacted an agent at your department and he informed us to download a blank form, write a letter stating our situation and enclose **\$550.00** (*fee plus late penalty*). We request you accept our payment and update your records accordingly. This will not happen again.

Should you have any questions, please do not hesitate to contact us at the number referenced above.

Very Truly Yours,



Ulysses Gonzalez  
President



Javier Amaro  
Vice President

JGJA/alr

Enclsoures