PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUN 27 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000060944

1. Corporation Name

MUNDO ARTESANAL, INC.

04-06

CR2E081 (8/05)

2. Principal Office Address	3. Mailing Office Address
3781 S.W. 26 Terr	3781 S.W. 26 Terr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/19/2001

5. FEI Number: 11-3676826 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: ROBERTO A PEREZ

Street Address (P.O. Box Number is Not Acceptable): 11110 NW 71St,

Suite, Apt. #, Etc.:

City: MIAMI, FLORIDA State: FL Zip Code: 33178

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: 06/20/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	PEREZ, ROBERTO A	11110 NW 71 ST	MIAMI, FL 33178
DVP	FALCO, GIOVANNI	11110 NW 71 Street	MIAMI, FL 33178
DS	LOPEZ, SUSANA	11110 NW 71 ST	MIAMI, FL 33178

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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: _____ 06/20/06

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

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Miami, Florida
June 26, 2006

Florida Department of State
Secretary of State
Division of Corporations
Tallahassee, Florida

Reference: MUNDO ARTESANAL INC.
DOCUMENT #: P01000060944

Dear Sir or Madam:

We are now sending the Corporation Reinstatement of **MUNDO ARTESANAL INC,** in order to reestablish the operation of this business.

Since 2006 to today the company's operation were shown as inactive and we have moved and for that reason we haven't received any correspondence including the notice of annual report. The company will begins the operation in full, so please accept the reinstatement and waiver the penalty.

Once the situation is resolved, we'll continue normally filling the Annual Report timely.

Very truly yours,

Roberto A Perez
Registered Agent