

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
02 OCT - 2 AM 10:20  
Universal  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000093065

1. Corporation Name

MUNIZ, INC.

Principal Place of Business

Mailing Address

6228 BARTON CREEK CIRCLE  
LAKE WORTH FL 33463

6228 BARTON CREEK CIRCLE  
LAKE WORTH FL 33463

Phone 561-644-1933

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/20/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

65-1145624

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MUNIZ, MIGUE J	6228 BARTON CREEK CIRCLE	LAKE WORTH FL 33463
D	MUNIZ, MELISSA L	6228 BARTON CREEK CIRCLE	LAKE WORTH FL 33463

300008868923  
11/07/02--01057--021 \*\*\$150.00

8. Name and Address of Current Registered Agent

MUNIZ, MIGUEL J  
6228 BARTON CREEK CIRCLE  
LAKE WORTH FL 33463

9. Name and Address of New Registered Agent

Name Miguel Muniz

Street Address (P.O. Box Number is Not Acceptable)  
6228 Barton Creek Circle

Suite, Apt. #, Etc.

City Lake Worth

State FL

Zip Code 33463

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/10/02

11. 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/02 561-921-096

MUNIZ INC.  
6228 BARTON CREEK CIRCLE  
LAKE WORTH FL 33463  
PHONE 561 644 1933

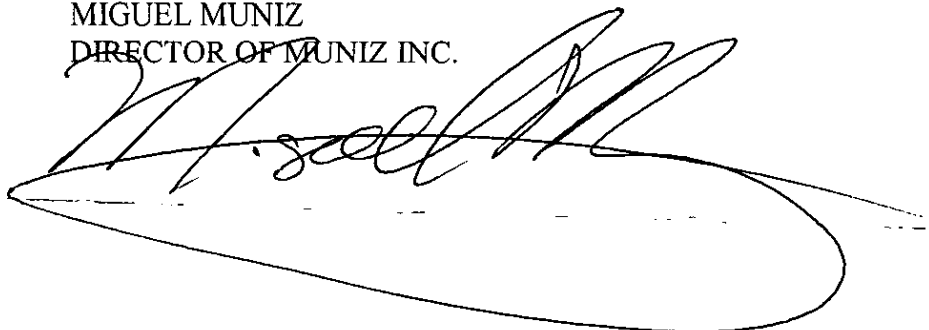
ATTENTION DIVISION OF CORPORATIONS:

I RECENTLY RECEIVED A NOTICE OF ADMINISTRATION DISSOLUTION OR  
REVOCATION IN THE MAIL. I WAS VERY CONFUSED BECAUSE I NEVER  
RECEIVED PRIOR NOTICE OF A PROBLEM. IF THERE WAS SOMETHING I  
NEEDED TO DO I ASSURE YOU I WOULD HAVE COMPLETED IT IF I KNEW. I  
RECENTLY INCORPORATED AND THIS PROCESS IS NEW TO ME.

I BELIEVE I HAVE COMPLETED THE PROPER FORMS AND I ALSO INCLUDED  
A CHECK WITH THE PROPER INFO.

THANK YOU IN ADVANCE FOR YOUR UNDERSTANDING.

MIGUEL MUNIZ  
DIRECTOR OF MUNIZ INC.

A large, stylized handwritten signature in black ink, appearing to read 'M. Muniz', is written over the printed name and title. The signature is enclosed within a large, horizontal, oval-shaped flourish.