

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -4 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000106163

1. Corporation Name

MUNNE INVESTMENTS, INC.

2. Principal Office Address

12171 SW 131 AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33186

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-02-2001

5. FEI Number

65-1156752

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

IVONNE MUNNE

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

12171 SW 131 AVE

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33186

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

Date 01-27-2004

REGISTERED AGENT MUST SIGN

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
P/D	IVONNE MUNNE	12171 SW 131 AVE	MIAMI, FLORIDA 33186

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

01-27-2004

Date

Daytime Phone #

CR2E081 (10/02)

**TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314**

TO WHOM IT MAY CONCERN:

**I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2003
UNIFORM BUSINESS REPORT. I HAVE NOT CHANGED MY PRINCIPAL
OR MAILING ADDRESS SINCE I INCORPORATED.**

**PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION
IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.**

**THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS
MATTER.**

CORDIALLY


**IVONNE MUNNE
PRESIDENT**