

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**CORPORATION
REINSTATEMENT**



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

FILED

03 DEC -5 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000023159**

1. Corporation Name

AMIGOS DEL REY INC

2. Principal Office Address

110 PHOENETIA AVE.

Suite, Apt. #, etc.

City & State

CORAL GABLES. FL.

Zip

33134

Country

USA

3. Mailing Office Address

110 PHOENETIA AVE

Suite, Apt. #, etc.

City & State

CORAL GABLES. FL.

Zip

33134

Country

USA

700025257677
12/05/03--01048--004 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

3/01/2002

5. FEI Number

94-3425069

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANITA LINDELIE

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

110 PHOENETIA AVE.

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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]

Date

12-2-03

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
PD	LINDELIE ANITA	110 PHOENETIA AVE	CORAL GABLES. FL. 33134
TD	BERNAL, DORA A.	110 PHOENETIA AVE.	CORAL GABLES. FL. 33134
VD	IZA, NURY S	110 PHOENETIA AVE.	CORAL GABLES. FL. 33134
3D	DIAZ SAHIA	110 PHOENETIA AVE	CORAL GABLES. FL. 33134

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-2-03

Daytime Phone #

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MIAMI, December 2, 2003

Florida Department of State
Secretary Of State
Division of Corporations
Annual Report/Reinstatement Section
P O Box 6327
Tallahassee, FL 32314-6327

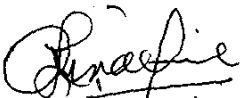
AMIGOS DEL REY INC
PO 20000 23159

Dear Sir:

As per our telephone conversation we are enclosing you a money order for the amount of \$ 150.00 dollars.

Please be advised as mentioned on the phone, we have renewed our corporation every year on the year but this particular year '2002' we did not received the annual report., so, therefore we are pleading you to absolve the penalty charges.

Please if you have any question do not hesitate to contact us.


ANITA LINDELIE, President
AMIGOS DEL REY INC