PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P02000030221 DOCUMENT

1. Corporation Name

ILKA MUNOZ CORP.

Principal Place of Business

Mailing Address

1717 N DAVOUADE OD ADT 1050

1717 AL DAVOLIDDE DO ART 1000

FILED 03 OCT 28 PH 12: 40



				MIAMI FL 33132						
If above addresses are incorrect in any way, line through incorrect information and enter correction below.								23 92072	036	150.00
				ng Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. #, etc. Suite, Apt				#, etc.			5. FEI Number Applied For			
City & State			City & State	City & State			04-3624489 Not Applicable			
Zip		Country	Zip		Country	····	CERTIFICATE	OF STATUS DESIRED [tional Fee required tificate of Status
7. Names	and Street Ad	dresses of Each Officer and	l/or Director (Flo	rida nonpro	fit corporat	ions must list at lea	ast 3 directors)			
Title(s) Name of Officers and/or Directors			÷	Street Address of Eac Officer and/or Directo						
DPS	MUNOZ, ILKA			1717 N BAYSHORE DR, APT 1050			0	MIAMI FL 33132		
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	Name and Address of Current Registered Age			nt			9. Name and Address of New Registered Agent			
Name 1 W							. 1/			
ARAZOZA & FERNANDEZ-FRAGA, P.A. 2100 SALZEDO ST, STE 300 CORAL GABLES FL 33134					Street Address (P.O. Bex Number is Not Acceptable)					
					Suite, Apt. #. Etc. \[\Delta DT \cdot \c					
					. أ	MIA	· I	7.	State Zip C	ode 3/37
10. I, being	appointed th	e registered agent of the ab	ove named corpo	oration, am f	familiar witl			on 607.0505, F.S. or 6	<u> </u>	ت ن بر
Signature o Registered	f Agent	HANN	AINTERED AS	ENT MUST	SIGN			Date	22.0	3
11. I certify	that I am an c	officer or director or the rece	iver or trustee en	npowered to	execute th	nis application as p	rovided for in cha	pter 607 or 617, F.S. I	further certify th	nat 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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

ILKA MUNOZ CORP.

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

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TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE REINSTATEMENT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE REGARDING THE REJECTED LETTER. I WAS TOLD BY YOUR OFFICE TO SEND THE REMAINING BALANCE OF \$400.00 TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY

NLKA MUNUZ

PRESIDENT