

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000030221**

1. Corporation Name

ILKA MUNOZ CORP.

Principal Place of Business

**1717 N BAYSHORE DR. APT 1050
MIAMI FL 33132**

Mailing Address

**1717 N BAYSHORE DR. APT 1050
MIAMI FL 33132**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/19/2002

5. FEI Number

04-3624489

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**



8/14/03 95072 036 150.00

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPS	MUNOZ, ILKA	1717 N BAYSHORE DR, APT 1050	MIAMI FL 33132

**500024417515
11/04/03--01060--020 **400.00**

8. Name and Address of Current Registered Agent

**ARAZOZA & FERNANDEZ-FRAGA, P.A.
2100 SALZEDO ST, STE 300
CORAL GABLES FL 33134**

9. Name and Address of New Registered Agent

Name

ILKA MUNOZ

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

1717 N. BAYSHORE DR.

Suite, Apt. #, Etc.

APT. 1050

MIAMI FL.

State

FL

Zip Code

33132

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

ILKA MUNOZ
REGISTERED AGENT MUST SIGN

Date **10.22.03**

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:

ILKA MUNOZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.22.03

Date

Daytime Phone #

CR2E040 (7/03)

ILKA MUNOZ CORP.

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

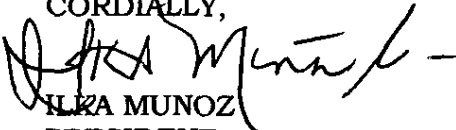
TO WHOM IT MAY CONCERN:

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,


ILKA MUNOZ
PRESIDENT