

APPROVAL
AND
FILED

1/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 2: 25

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000075729

1. Corporation Name

MIGUEL CIEZA GARCIA, INC.

800065828548
02/14/06--01033--003 **\$08.75

2. Principal Office Address

1300 S. W. 122 Ave.

3. Mailing Office Address

Suite, Apt. #, etc.

Apt. 115

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33184

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/11/2002

5. FEI Number

01-0734985

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-00

7. Name and Address of Current Registered Agent

Name

Miguel Cieza Garcia

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

1300 S. W. 122 Ave.

Suite, Apt. #, Etc.

Apt. 115

City

MIAMI,

State

FL

Zip Code

33184

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

REGISTERED AGENT MUST SIGN

Date 01/04/2006

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	MIGUEL CIEZA GARCIA	1300 S. W. 122 Ave. #115	Miami, FL. 33184

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 contained in Chapter 119, 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

01-07-06 MIGUEL CIEZA GARCIA 01/04/2006

Date

Daytime Phone #

305-3001854

2/2

01/05/2006

Florida Department of State
Secretary of State
Division of Corporations

Re: Corporation reinstatement
Document # P02000075729

Dear Sirs:

Please find enclosed herewith the Corporation reinstatement document for "Miguel Cieza Garcia, Inc." as well as the proper check in the amount of \$608.75 that covers the appropriate fees for years 2003 thru 2006, and we are considering also in this amount the cost of the Certificate of Status.

By this means we also want to ask you to waived the reinstatement fee of \$ 600.00 because we never received the annual report notices.

Thanking in advance for your attention to this matter, we remain

Sincerely,


MIGUEL CIEZA GARCIA
President