#### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

**DIVISION OF CORPORATIONS** 

1	0
1	71

1. Corporation Name

#### C.E.L. INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

1101 BRICKELL AVE., SUITE 1801

1101 BRICKELL AVE., SUITE 1801

FILED 03 OCT 13 PM 3: 10



MIAMI FL 33131			MIAMI FL 3313t						
	Principal Office Address, If Applicable		3. New Mail	ough incorrect information and enter correction below  3. New Mailing Office Address, If Applicable  Suite, Apt. #, etc.  City & State		4. Date Incorporated or Qualified To Do Business in Florida  08/01/2002  5. FEI Number  Applied		\$150 - U U 01/2002 Applied For Not Applicable	
Zip		Country	Zip	Country		6. CERTIFICATE	S8.79	Additional Fee required r a Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer ar	nd/or Director (Flo	rida nonprofit corporal	tions must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
PD	GARCIA, CARLOS			1101 BRICKELL AVE., SUITE 1801			MIAMI FL 33131		
VD	SANCHEZ, LORENZO A			15731 SW 144TH PLACE			MIAMI FL 33177		
SD	GARCIA, EDUARDO			13500 SW 56TH ST., #105			MIAMI FL 33182		
	-								
		<u></u>	:				<u>.</u>		
	8. Nam	ne and Address of Curre	nt Registered Age	ent	<del></del>	9. Name and	Address of New Registered A	gent	
					Name				

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

GARCIA: CARLOS

**MIAMI FL 33131** 

1101 BRICKELL AVE., SUITE 1801

REGISTERED AGENT MUST SIGN

10-10-03

State

Zip Code

11. I certify that I am an officer or director or the receiver or trustee e npowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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.

Street Address (P.O. Bo.

Suite, Apt. #, Etc.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# Law Offices of Carlos Garcia, P.A.

1101 Brickell Avenue Suite 1801 Miami, Glorida 33131

Telephone: (305) 371-3777 Pacsimile: (305) 371-2234

Also Admitted to Practice in Washington, DC

July 9, 2003

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Florida 32302-1500

> Re: C.E.L. International Corporation Uniform Business Report (URB)

Dear Sir/Madam:

Please be advised that the Corporation did not receive any prior notice. Kindly waive the late fee as the original filing fee is enclosed.

Very truly yours,

Carlos Garcia, Esquire

CG/hs Enclosures

## C.E.L. INTERNATIONAL CORP. 1101 Brickell Avenue, Suite 1801 Miami, Florida 33131

Telephone: (305) 371-3534

Fax: (305) 371-2234

October 10, 2003

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, Florida 32399

Re: C.E.L. International Corporation (Application for reinstatement)

### Dear Sir/Madam:

Enclosed please find Application for Reinstatement fully executed along with a copy of the letter we enclosed on July 9<sup>th</sup>, 2003 with \$150.00 filing fee requesting to waive the late fees.

Please note that we never received the rejection notice, is only until now that we receive Notice of Administrative Dissolution or Revocation. Therefore, we kindly request that you review the application, and reinstate the corporation waiving the late fees.

Very truly yours,

Carlos Garcia President

CG/hs Enclosures