

# 2004 FOR PROFIT CORPORATION REINSTATEMENT



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT 15 AM 8:00

REINSTATEMENT 04



10072004 REIN-P

CR2E098 (6/04)

*MRS*

4. FEI Number  
01-0746340

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

SUAREZ, LUIS R  
5737 NW 114 PATH  
107  
MIAMI, FL 33178

## 7. Name and Address of New Registered Agent

Name LUIS SUAREZ R.  
Street Address (P.O. Box Number is Not Acceptable)  
17420 NW 82 AVE  
City MIAMI FL Zip Code 33015

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

LUIS SUAREZ R. PD.

10/11/2004

FILE NOW!!! FEE IS \$750.00

After January 1, 2005, Fee will be \$900.00

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME SUAREZ, LUIS R ☐ Delete  
STREET ADDRESS 5737 NW 114 PATH - UNIT 107  
CITY-ST-ZIP MIAMI, FL 33178

TITLE VP ☒ Delete  
NAME FUENTES, JAVIER  
STREET ADDRESS 5737 NW 114 PATH - UNIT 107  
CITY-ST-ZIP MIAMI, FL 33178

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 300041909033  
STREET ADDRESS 10/15/04--01101--009 \*\*158.75  
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition  
NAME ANAIKA R SUAREZ  
STREET ADDRESS 17420 NW 82 AVE.  
CITY-ST-ZIP MIAMI, FL 33015

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

(Signature and typed or printed name of signing officer or director)

10/11/2004

Date

(305) 3030486

Daytime Phone #

292

Friday, October 7, 2004

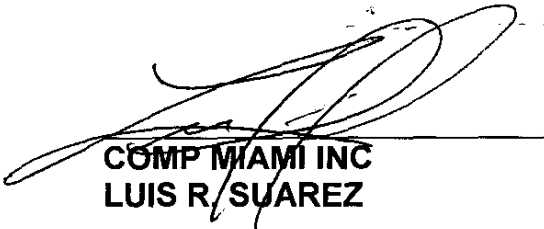
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
409 EAST GAINES ST.  
TALLAHASSEE, FL. 32399

REF.: COMP MIAMI INC  
Doc # P02000097679

THE PURPOSE OF THIS LETTER IS TO LET YOU KNOW THAT I, **COMP MIAMI INC**, HAVENT BEEN ABLE, TO MAIL YOU THE UBR TO FACT, THAT UP TO THE ABOVE DATE, I HAVE NOT RECEIVE YOUR FORM TO EXECUTE IT.

I APOLOGY, FOR NOT WRITING YOU ERLIER, BUT I WAS WAITING FOR THE MAIL.

RESPECTFULLY YOURS,

  
**COMP MIAMI INC**  
**LUIS R. SUAREZ**