

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

16/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 NOV 29 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000 135673

1. Corporation Name  
MEXITODO, Inc.

8320 Woodlake Place

2. Principal Office Address  
8320 Woodlake Place

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Tampa FL

City & State

Zip  
33615

Country  
United States

Zip

Country

**REINSTATEMENT**

*03/04*  
*[Signature]*

4. Date Incorporated or Qualified  
To Do Business in Florida 12/30/2002

5. FEI Number  
71-0930091

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
JORGE POSADA URIBE

Street Address (P.O. Box Number is Not Acceptable)  
8320 WOODLAKE PLACE

Suite, Apt. #, Etc.

City  
TAMPA

State  
FL

Zip Code  
33615

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

Date

REGISTERED AGENT MUST SIGN

**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
PD	JORGE POSADA URIBE	8320 WOODLAKE PLACE	TAMPA, FL 33615

200043673202  
12/28/04--01039--005 \*\*300.00

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

11-23-04

Date

(813) 849-2828

Daytime Phone #

CR2E081 (01/04)

20/2

Tampa November 23, 2004

**Division of Corporations**  
Reinstatements Section  
P.O. Box 6327  
Tallahassee, FL 32314

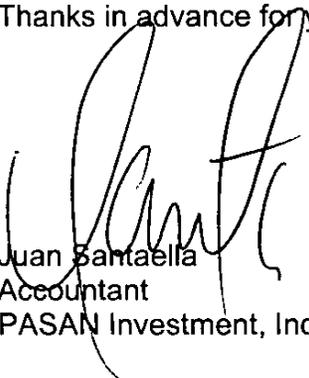
Ref: MEXITODO, Inc.  
Ref Number: P02000135673

Dear Sirs:

In response to your letter received today, please find attached the corporate reinstatement form for the corporation mentioned in reference.

As a matter of fact, the customer confirmed that he has never received the correspondent renewal notices for years 2003 and 2004.

Thanks in advance for your attention, sincerely,



Juan Santaella  
Accountant  
PASAN Investment, Inc.

Attached: Copy of your response letter  
Copy of our first letter petitioning waiving of penalties.  
Corporate Reinstatement Form  
Copy of Form DR-835 "Power of Attorney"