

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**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 # **902000 135673**

1. Corporation Name
MEXITODO, Inc.

8320 Woodlake Place

2. Principal Office Address
8320 Woodlake Place

Suite, Apt. #, etc.

City & State
Tampa FL

Zip
33615

Country
United States

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

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

Date

Daytime Phone #

11-23-04 (313) 849-2928

2012

Tampa November 23, 2004

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

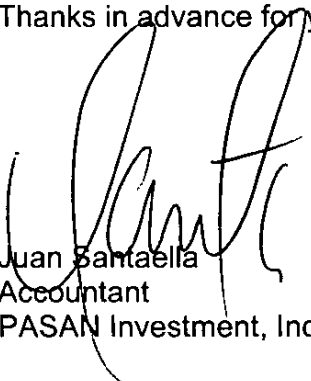
Ref: MEXITODO, Inc.
Ref Number: P02000135673

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"