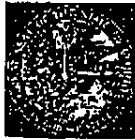


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000010337

1. Corporation Name

AMIGO INC.

RECEIVED
TALLAHASSEE, FLORIDA
0006-15FILED
2016 OCT -6 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA800277797948
10/06/15--01006--007 **2135.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #

1438 COMMODORE WAY

3. Mailing Office Address

1438 COMMODORE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

Zip

33019

Country

Zip

33019

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/2003

5. FEI Number

01-0765177

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee Required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

EXPRESS CORPORATE FILING SERVICE INC

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

1000 PONCE DE LEON BLVD

Suite, Apt. #, etc.

SUITE: 105

City

CORAL GABLES

State

FL

Zip Code

33134

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

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	JUSTO QUESADA	1438 COMMODORE WAY	HOLLYWOOD, FL 33019
V	JUSTO A. QUESADA	1438 COMMODORE WAY	HOLLYWOOD, FL 33019
S/T	MANUEL QUESADA	1438 COMMODORE WAY	HOLLYWOOD, FL 33019

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AJR