

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 JUN 26 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000035595

1. Corporation Name

INGEOLAN CORP.

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

15635 SW 74TH CIRCLE DRIVE

Suite, Apt. #, etc.

SUITE 10

City & State

MIAMI, FL

Zip

33193

Country

USA

3. Mailing Office Address

15635 SW 74TH CIRCLE DRIVE

Suite, Apt. #, etc.

SUITE 10

City & State

MIAMI, FL

Zip

33193

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/28/2003

5. FEI Number

061685680

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

CPC ACCOUNTING SERVICES

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

11904 MIRAMAR PARKWAY

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33025

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 6-23-2008

**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	ALEJANDRO L. MADRIGAL	15635 SW 74 CIRCLE DR, SUITE 10	MIAMI, FL 33193
S	LUIS MARTINEZ	15635 SW 74 CIRCLE DR, SUITE 10	MIAMI, FL 33193
D	ORLANDO DE LEON	15635 SW 74 CIRCLE DR, SUITE 10	MIAMI, FL 33193
D	EVIRINA LOPEZ	15635 SW 74 CIRCLE DR, SUITE 10	MIAMI, FL 33193

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 contained in Chapter 119, 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

6-23-2008

Date

Daytime Phone #

700132465937  
07/08/08--01014--013 \*\*450.00