2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # PU3000075291					FILE	\supset		
DEPÓSITO DE LICORES JUNIORS USA, INC.					•		ì	
			165					
Principal Place of Business 10618 NE 10 PL	Mailing Address 10618 NE 10 PL			SEC	RETAIX Allassi	FIAR	Ŋ	
MIAMI SHORES, FL 33138	MIAMI SHORES, FL 3313	38		TALL	Allassi"	, (*13000)	1	
2. Stipping Chap of States	2 Mailing Address							
2. Principal Place of Business 685 NE 119 STREET		119 STE	seī_					
Suite, Apt. #, etc.	Suite, Apt. #, etc.			02062005	REIN-P	CR2E	098 (6/04)	
City & State BISCAYNE PARK FL	City & State BISCAY NE PA	RK F	7	4. FEI Number	0639	14		plied For t Applicable
Zip Country 33161	Zip	Country			of Status Desired	. 🗆	\$8.75 Add	litional
6. Name and Address of Current	Registered Agent			7. Name and /	Address of New			
FUENMAYOR, CASTO				MAYOR	CAS			
MIAMI SHORES, FL 33138 Street Address (686 N				(P.O. Box Number is Not Acceptable) 16 119 STREET				
		City S	CAY	NE P	PARK	FL	·	1 2/
8. The above name 0 days 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 experience agent.								
SIGNATURE FUENMAYOR CASTO / DIRECTOR PRESIDENT 2/6/2005								
Argnacial types or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent signa	iture requir	ed when reinstating)		DATE		
FILE NOW!!! FEE IS \$300.00					In accordance corporation d	e with s. 607 id not receive	.193(2)(b), l e the prior r	F.S., the notice.
10. OFFICERS AND	DIRECTORS	11,			CHANGES TO O	FFICERS AND	DIRECTORS	3 IN 11
TITLE DP NAME FUENMAYOR, CASTO	☐ Delete	TITLE NAME	FIF	PNMAYE	ne ce	9 <i>STO</i>	Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP						
12	this filing does not qualify for the	<u> </u>	ed in Se	ction 119.07(3)(i)	, Florida Statute	s. I further cert	tify that the in	formation
12. Thereby certify that the information furplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes in Section 119.07(3)(i), Florida Statutes in Section 119.07(3)(i),								
2/ / 2005 2 2005								
SIGNATURE: SIGNATURE AND TYPED OR I		DIRECTOR	<i>الاادي</i> 	<u> </u>	Date	000/	aytime Phone #	-070

February 1, 2005

DIVISION OF CORPORATIONS REINSTAINMENT DEPARTMENT P.O. BOX 6327 Tallahassee, FL. 32314

> Ref: DEPOSITO DE LICORES JUNIOR USA, INC. FEIN 33-1063914

Dear sirs:

We are sending the 2004 Annual Uniform Business Report for **DEPOSITO DE LICORES JUNIOR USA, INC.** We did not receive the Annual Report Form and consequently, we did not know about the renewal procedure to follow. We just realize about the missing annual report preparing the 2004 Business Income Taxes. Please notice that **DEPOSITO DE LICORES JUNIOR USA, INC.** has always presented its documentation on time.

Please I am requesting to waive the penalties and reinstate My Corporation. Enclose is the Annual Report Form for 2004 and 2005.

Thank you very much for your attention to this matter.

Sincerely,

Casto Fukumayor

DEPOSITO DE LICORES JUNIOR USA, INC.

PD. Enclose is check for \$300.00