

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000096894

1. Entity Name
INMATLOR 2003 S.L., INC.



Principal Place of Business
920 HARBOR DR
KEY BISCAYNE, FL 33149

Mailing Address
920 HARBOR DR
KEY BISCAYNE, FL 33149

2. Principal Place of Business
921 Harbor Dr

3. Mailing Address
921 Harbor Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Key Biscayne, FL

City & State
Key Biscayne, FL

4. FEI Number
45-0530251

Applied For
Not Applicable

Zip
33149

Country
USA

Zip
33149

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LORENTE, ANASTASIO
920 HARBOR DR
KEY BISCAYNE, FL 33149

Name

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

921 Harbor Dr

City Key Biscayne FL Zip Code 33149

8. The above named entity 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 registered agent.

SIGNATURE

Signature of agent or principal name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
LORENTE, MATEO
920 HARBOR DR
KEY BISCAYNE, FL 33149 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
921 Harbor Dr
Key Biscayne, FL 33149 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Inmatlor 2003 S.L., Inc

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

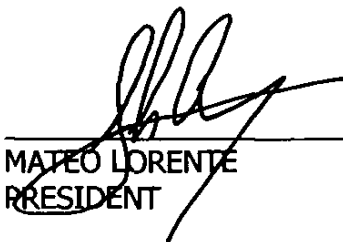
TO WHOM IT MAY CONCERN:

PLEASE BE ADVISE THAT ON APRIL 2004 I SUBMITTED THE ANNUAL REPORT FORM ALONG WITH THE PAYMENT AND I NEVER RECEIVED A REJECTED LETTER FROM YOUR OFFICE.

AS PER YOUR INSTRUCTIONS, I AM ENCLOSING A COPY OF COMPLETE ANNUAL REPORT FORM WITH THE CURRENT INFORMATION ALONG WITH THE COPY OF THE ORIGINAL ARTICLES OF INCORPORATION BECAUSE FOR ANY REASON THE ADDRESS IS POSTED INCORRECT ON THE SYSTEM PROBABLY IS THE REASON BECAUSE WE DID NOT RECEIVED THE REJECTED LETTER. THE CHECK IS ALREADY CASHED, PLEASE WORK IN MY CASE TO PUT MY COMPANY IN THE NORMAL STATUS. I APPRECIATE ALL YOUR HELP IN THIS MATTER.

THANK YOU FOR YOUR TIME AND CONSIDERATION IN THIS MATTER AND IF YOU HAVE ANY FURTHER QUESTION, PLEASE DO NOT HESITATE TO CONTACT ME.

CORDIALLY,



MATEO LORENTE
PRESIDENT