

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *Po3000101609*

1. Corporation Name

M. Puentes y Asociados, Corp.

05 APR -7 PM 5:42

REC'D
SECY.
TALLAHASSEE, FLORIDA

2. Principal Office Address <i>167-01 NE 21 Ave</i> Suite, Apt. #, etc. <i>208</i>		3. Mailing Office Address <i>167-01 NE 21 Ave</i> <i>EP</i> Suite, Apt. #, etc. <i>208</i>	
City & State <i>NORTH MIAMI Beach, FL</i>		City & State <i>NORTH MIAMI Beach, FL</i>	
Zip <i>33162-3323</i>	Country <i>USA</i>	Zip <i>33162-3323</i>	Country <i>USA</i>
4. Date Incorporated or Qualified To Do Business in Florida			
5. FEI Number <i>20-0232569</i>		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name <i>MARCO Polo Puentes</i> Street Address (P.O. Box Number is Not Acceptable) <i>167-01 NE 21 Ave # 208</i> Suite, Apt. #, Etc. <i>NORTH MIAMI Beach</i> City State <i>FL</i> Zip Code <i>33162-3323</i>			

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

CR2E01 (01/05)

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	<i>MARCO Polo Puentes</i>	<i>167-01 N.E. 21 Ave #208</i>	<i>NORTH MIAMI Beach FL 33162-3323</i>
			<i>500054284835</i>
			<i>05/11/05--01048--014 **300.00</i>

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:

MARCO Polo Puentes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03 3105

3054678937

Date

Daytime Phone #

2902

AM & ASSOCIATES, PA
1689 NE 123RD STREET
NORTH MIAMI, FLORIDA 33181
TEL: (305)893-2669 FAX: (305)891-3458
E-MAIL: mabelromaniuk@bellsouth.net

March 31, 2005

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION
P.O.BOX 6327
TALLAHASSEE, FLORIDA

SUBJECT: M. PUENTES Y ASOCIADOS, CORP.

IN REFERENCE TO OUR PHONE CONVERSATION ON MARCH 30,2005,
I AM ENCLOSING 2005 FOR PROFIT CORPORATION REINSTATEMENT
FORM WITH THE FEI AND SIGNATURE.

I AM ALSO ENCLOSING A CHECK FOR THE AMOUNT OF \$300.00 FOR
2004 AND 2005 ANNUAL REPORT .

I AM REQUESTING A WAIVER FOR THE REINSTATEMENT FEES, MY CLIENT
HAS NEVER RECEIVED ANY NOTICE FROM THE FLORIDA DEPT . OF STATE.
FOR FURTHER INFORMATION, PLEASE CALL OUR OFFICE.

I APPRECIATE YOUR PROMPT RESPONSE TO THIS MATTER.

SINCERELY,


MABEL ROMANIUK, PA