


1092

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

06 SEP 21 AM 11:32

SEP 21 2006
TAMPA, FLORIDA

DOCUMENT # **P03000116465**

1. Corporation Name

Mun2 Corp

2. Principal Office Address

12900 SW 128 St.

Suite, Apt. #, etc.

Suite 107

City & State

Miami, FL

Zip **33186**

Country **USA**

3. Mailing Office Address

12900 SW 128 St.

Suite, Apt. #, etc.

Suite 107

City & State

Miami, FL

Zip **33186**

Country **USA**

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/03

5. FEI Number

56-2610710

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

Omar Fernandez

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

12900 SW 128 St.

Suite, Apt. #, Etc.

Suite 107

City

Miami

State

FL

Zip Code

33186

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]

Date

9/19/06

REGISTERED AGENT MUST SIGN

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	Omar Fernandez	12900 SW 128 St. Suite 107	Miami, FL 33186

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)(l), 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] **Omar Fernandez**

Date

9/19/06 (305) 439-8934

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

B. Mitchell SEP 21 2006

September 19, 2006.

Division of Corporations
Recruitment Section

To whom it may concern,

As per our conversation, I am
enclosing \$450.⁰⁰ to re-instate
my corporation. We never received
any notice and were unaware
of the deadline. Thank you
for your help in this matter
and I am sorry for any inconvenience.

Sincerely,

On behalf of
the corporation

Doc # PO3000116465