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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2008 MAR 11 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-08
CR2E081 (12/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000122842

1. Corporation Name

INMIGRATION USA INC.

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

210 71 STREET

Suite, Apt. #, etc.

313

City & State

MIAMI BEACH

Zip

FL

Country

33141

3. Mailing Office Address

210 71 STREET

Suite, Apt. #, etc.

#313

City & State

MIAMI BEACH

Zip

FL

Country

33141

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-035206

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

210 71 STREET

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

Suite, Apt. #, Etc.

313

City

MIAMI BEACH

State

FL

Zip Code

33141

☐ 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

REGISTERED AGENT MUST SIGN

Date 3/9/08

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	MANUEL E. FERNANDEZ	210 71 STREET #313	MIAMI BEACH FL 33141

900119992099
03/11/08--01027--007 ***500.00

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

3/9/08

Date

Daytime Phone #

2/2

March 10, 2008

FL Dept. of State
Fl. Div. Of Corp.

RE: **EL REY DEL CHIVITO CORP**
Doc # P02000119690

Dear Sir or Madam:

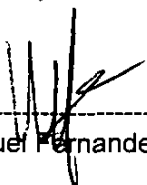
I am writing to you on behalf of **INMIGRATION USA INC.** to request a waiver of penalties associated with the reinstatement of this corporation.

This request is based on the fact that this entity, our office or their attorney did not receive a preprinted form from the State.

Enclosed please find a copy of the form, we obtained from the internet and a check for \$600.00 for the year 2005, 2006, 2007, 2008. The company has made a good faith effort to meet the state's Filing requirements.

I thank you in advance for your help,

Sincerely,



Manuel Fernandez