PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 DEC -6 AM 8:00

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P13741

REINSTATEMENT 03-04

MRS

1. Corporation Name
Mikemin Corp. N.V.

8701 SW 137 Ave
8701 SW 137 Ave

2. Principal Office Address		**3.** Mailing Office Address	
8701 SW 137 Ave		8701 SW 137 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
308		308	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33183	USA	33183	USA

4. Date Incorporated or Qualified To Do Business in Florida 03/24/1987

5. FEI Number 521397828 ☐ 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
Alfredo A. Lardizabal

Street Address (P.O. Box Number is Not Acceptable)
8701 SW 137 Ave.

Suite, Apt. #, Etc.
308

City	State	Zip Code
Miami	FL	33183

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 12/02/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	Sergio Diaz	8701 SW 137 Ave #308	Miami, FL 33183
VP	Jose A. Diaz	8701 SW 137 Ave # 308	Miami, FL 33183
SD	Alfredo A. Lardizabal	8701 SW 137 Ave #308	Miami, FL 33183
ST	Mercedes Perez de Diaz	8701 SW 137 Ave # 308	Miami, FL 33183
		600043214486 12/06/04--01053--018 **900.00	

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 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: _____ Alfredo Lardizabal 12/2/04 786-507-0540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #