

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

H98000015016

1

DOCUMENT # P94000088904

1. Corporation Name

INVERSIONES F.S., CORP

FILED

98 AUG 12 AM 8:37

REGISTRY OF STATES
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

8600 N.W. 64 ST #2
MIAMI, FL 33166

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable

8600 N.W. 64 ST #2

3. New Mailing Address, if Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

12/08/94

5. FEI Number

65-0538251

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8751 Additional Fee required for Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officer and/or Director	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PVST D.	GIAN FRANCO SOLARINO	8600 NW 64 ST #2	MIAMI, FL 33166

REINSTATEMENT 97-98
52 8-13-98

8. Name and Address of Current Registered Agent

GIAN FRANCO SOLARINO
8600 NW 64 ST #2
MIAMI, FL 33166

9. Name and Address of New Registered Agent

Name: GIAN FRANCO SOLARINO
Street Address (P.O. Box Number is Not Acceptable): 8600 NW 64 ST #2
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33166

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

08-12-98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

Date

Daytime Phone #

08-12-98

(305) 591-0077

ERNESTO HUERTAS, ACCT.
6545 G. W. ST 207
P. 02/02

(305) 265-1566

EMPIRE CORPORATE KIT

P94000088904

(2)

8/12/98

FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS FAX #: (850)922-4004
FROM: EMPIRE CORPORATE KIT COMPANY ACCT#: 072450003255
CONTACT: RAY STORMONT FAX #: (305)541-3770
PHONE: (305)541-3694

NAME: INVERSIONES F.S., CORP.
AUDIT NUMBER.....H98000015016
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