


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 01 NOV -5 PM 3:44  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P950000006946**

1. Corporation Name  
**The Munne Group, INC.**  
 17250 SW 137 AVENUE,  
 MIAMI, Florida 33177

000004685460--0  
 -11/16/01--01060--012  
 \*\*\*\*750.00 \*\*\*\*750.00

2. Principal Office Address  
**17250 S.W. 137 AVE**  
 Suite, Apt. #, etc.

3. Mailing Office Address  
**2121 Ponce de Leon Blvd.**  
 Suite, Apt. #, etc.  
**650**

City & State  
**Miami, Florida**

City & State  
**Coral Gables, FLA.**

Zip  
**33177**

Country  
**DADE**

Zip  
**33134**

Country  
**DADE**

4. Date Incorporated or Qualified To Do Business in Florida

5. -FBI Number **65-0596120** Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$875 Additional Fee required for a Certificate of Status

**REINSTATEMENT 2001**

7. Name and Address of Current Registered Agent

Name  
**OMAR C. ENQUINZO**

Street Address (P.O. Box Number is Not Acceptable)  
**2121 Ponce de Leon Blvd.**

Suite, Apt. #, Etc.  
**Suite # 650**

City  
**Coral Gables**

State  
**FL**

Zip Code  
**33134**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of Registered Agent **[Signature]** Date **11-2-01**

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
P	OMAR C. ENQUINZO	2121 Ponce de Leon Blvd	Coral Gables, Fla 33134
S,T	Marcelo C. Hernandez	2121 Ponce de Leon Blvd.	Coral Gables, FL 33134

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 807 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 118.07(3)(f), 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]** **MARCELO Hernandez S,T** 11-2-01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #