

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Pape WZ*

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 30 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000020180

1. Corporation Name

NEREIDA OF MIAMI, INC.

2. Principal Office Address

8500 WEST FLAGLER STREET

Suite, Apt. #, etc.

SUITE: B 208

City & State

MIAMI, FL

Zip

33144

Country

USA

3. Mailing Office Address

8500 WEST FLAGLER STREET

Suite, Apt. #, etc.

SUITE: B 208

City & State

MIAMI, FL

Zip

33144

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 03/13/1995

5. FEI Number

65-0606382

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

MIGUEL HERNANDEZ

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

8500 WEST FLAGLER STREET

Suite, Apt. #, Etc.

SUITE: B 208

City

MIAMI

State

FL

Zip Code

33144

500035781069
05/07/04--01092--030 **\$0.00

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

Miguel Hernandez
REGISTERED AGENT MUST SIGN

Date 04-29-04

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
PTD	RAMON MARTINEZ	109 NE 1 AVE	MIAMI, FL 33132
S	ORLANDO JR. SANTOS	109 NE 1 AVE	MIAMI, FL 33132

REINSTATEMENT 03-29

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:

Ramon Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-04

Date

Daytime Phone #

CR2E081 (01/04)

parent

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE REINSTATEMENT REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVISED THAT FOR ANY REASON WE DID NOT RECEIVE THE ANNUAL REPORT FORM FOR 2003 & 2004. AND PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU FOR YOUR TIME AND CONSIDERATION IN THIS MATTER. IN THIS MATTER AND IF YOU SHOULD HAVE ANY FURTHER QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT US.

CORDIALLY,



RAMON MARTINEZ
PRESIDENT