

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR 20 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000075149

1. Corporation Name

MADE IMPORTS, INC.

2. Principal Office Address

8322 NW 56th Street

Suite, Apt. #, etc.

245

City & State

Miami, FL

Zip

33166

Country

USA

3. Mailing Office Address

8322 NW 56th Street

Suite, Apt. #, etc.

245

City & State

Miami, FL

Zip

33166

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

09/29/1995

5. FEI Number

65-0697523

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

700004034977--4
-04/20/01--01010--015
*****50.00 *****50.00

REINSTATEMENT Gp-01

7. Name and Address of Current Registered Agent

Name

RUBEN VALBUENA

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

200 177 Dr.

Suite, Apt. #, Etc.

101

City

Miami Beach

State

FL

Zip Code

33160

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 03/29/01

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/T	RUBEN VALBUENA	200 177 Dr. Apt. # 101	Miami Beach, FL 33160
S	MADELEINE VERDE	Av. Centurion, San Felix	Edo. Bolivar, Venezuela
			700004034977--4 -04/20/01--01010--013 *****400.00 *****400.00
			700004034977--4 -04/20/01--01010--014 *****150.00 *****150.00
			700004034977--4 -04/20/01--01010--016 *****50.00 *****50.00

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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/01

Date

Daytime Phone #

CR2E081 (9/00)