

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 NOV 14 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000075149

1. Corporation Name

**MADE IMPORTS INC**

2. Principal Office Address

**1353 NW 29 ST**

3. Mailing Office Address

**1353 NW 29 ST**

Suite, Apt. #, etc.

**MIAMI**

Suite, Apt. #, etc.

**MIAMI**

City & State

**FLORIDA**

City & State

**FLORIDA**

Zip

**33142**

Country

Zip

**33142**

Country

02-06  
CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

**09/29/1995**

5. FEEL Number

**650697523**

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

**RUBEN VALBUENA**

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

**200 177TH DR**

Suite, Apt. #, Etc.

**101**

City

**MIAMI**

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

**11/06/06**

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
PTS	JOSE JORGE VELASQUEZ	1765 NW 17 ST	MIAMI, FL 33125

500081765185  
11/14/05--01049--022 \*\*1350.00

*[Handwritten Signature]*  
11/13

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 contained in Chapter 119, 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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/06/06**

Date

Daytime Phone #