

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1 of 2*

APPLICATION FOR



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

DOCUMENT # *P95000086551*

1. Corporation Name

MIANSA INCORPORATED

Principal Place of Business

*4815 NW 79th AVE
STE. 7
MIAMI, FL 33166*

Mailing Address

*4815 NW 79th AVE, STE. 7
MIAMI, FL 33166*

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

2. New Principal Office Address, If Applicable

9580 NW 41 STREET

3. New Mailing Office Address, If Applicable

9580 NW 41 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33178

Country

USA

Zip

33178

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

11/9/95

5. FEI Number

65-0618856

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a 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 Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<i>P</i>	<i>Jose Procel-Yepez</i>	<i>9580 NW 41 STREET</i>	<i>Miami, FL 33178</i>
<i>S</i>			
<i>D</i>			

*200004562992-8
-08/30/01--01008--020
****965.00 ****965.00*

96-01 UBR

8. Name and Address of Current Registered Agent

*PROCEL, ANDRES
4815 NW 79 AVE, STE. 7
MIAMI, FL 33166*

9. Name and Address of New Registered Agent

Name *Procel-Yepez, Jose*
Street Address (P.O. Box Number is Not Acceptable) *9580 NW 41 STREET*
Suite, Apt. #, Etc.
City *Miami* State *FL* Zip Code *33178*

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date *7/16/01*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/01 (305) 406-2280
Date Daytime Phone #

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MIANSA INCORPORATED

9580 NW 41TH STREET

MIAMI, FL 33178

TEL. (305) 406-2280

FAX. (305) 406-2275

July 17, 2001

Fla. Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

~~RE: Doc. # P95000086551~~

To Whom It May Concern:

Enclosed please find Application for Reinstatement for the above referenced corporation and our check for the amount of \$900.00.

Please consider waiving of the reinstatement fee because we moved from the original address in your records and there was a problem with the mail and we didn't receive any notifications.

We'll greatly appreciate your assistance to this matter.

Sincerely yours,



Jose Procel Yopez
President

7/19/01
Paid #1782