


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 FEB -6 AM 9:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>P95000094365</u>					
1. Corporation Name <u>CIPAR Corporation</u>					
Principal Place of Business <u>4699 W. Flagler Street 2nd Floor</u> <u>Miami, FL 33134</u>			Mailing Address _____		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable <u>4699 W. Flagler St.</u> Suite, Apt. #, etc. <u>2nd Floor</u> City & State <u>Miami, FL</u> Zip <u>33134</u>		3. New Mailing Address, If Applicable Suite, Apt. #, etc. _____ City & State _____ Zip _____		4. Date Incorporated or Qualified To Do Business in Florida <u>12-13-95</u>	
Country <u>DADE</u>		City & State _____		5. FEI Number <u>65-0713621</u>	
Country <u>DADE</u>		Zip _____		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P-D S-T	YESID RAMIREZ	19355 NE 36th Ct. #117K Miami, FL 33180	Aventura, FL 33180		
				500002084235--2 -02/11/97--01158--001 *****915.00 *****915.00	
				500002084235--2 -02/11/97--01158--002 *****8.75 *****8.75	
				<u>JB2-7-97</u>	
8. Name and Address of Current Registered Agent <u>YESID RAMIREZ</u> <u>19355 NE 36th Ct. #117K</u> <u>AVENTURA, FL 33180</u>			9. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, Etc. _____ City _____ State <u>FL</u> Zip Code _____		
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 <u>[Signature]</u> REGISTERED AGENT MUST SIGN Date <u>01-31-97</u>					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>[Signature]</u> YESID RAMIREZ 01-31-97 (305)444-3337 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR20040 (12/95)