

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PA0000030462		FILED 99 JUN 21 PM 1:23 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name ULLOA CORPORATION			
Principal Place of Business 15615 S.W. 95th LANE MIAMI, FL 33196			
Mailing Address SAME		REINSTATEMENT	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip			
3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		4. Date Incorporated or Qualified To Do Business in Florida 4108196	
5. FEI Number 65-0661625		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Sb.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
P/V/D	JORGE ULLOA	15615 S.W. 95th LANE	MIAMI, FL 33196
S/T/D	NANCY ULLOA	15615 S.W. 95th Lane	MIAMI, FL 33196
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name Raimundo Lopez-Lima Levi	
		Street Address (P.O. Box Number is Not Acceptable) 815 N.W. 57 Avenue, Suite 125	
		Suite, Apt. #, Etc.	
		City Miami, FL 33126	
		State FL	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		Date 12-7-98	
REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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:		12/2/98 (305) 266-8580	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	