PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
98499 AR
REINSTATEMENT

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

APPROVED AND FILED
99 APR 13 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000079045.

1. Corporation Name CECILIA MUÑAS, INC.
D/B/A MIGDALIA'S AWARDS

Principal Place of Business
380 E. 9 ST. # 14
HIALEAH, FL. 33010

Mailing Address
380 E. 9 ST. # 14
HIALEAH, FL. 33010

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 | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida SEPT. 25/1996

5. FEI Number
65-0697787
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
P	MIGUEL A MUÑAS-D	69 E. 5TH AVE	HIALEAH FL. 33010
V	CECILIA R. MUÑAS-D	69 E 5TH AVE	HIALEAH FL. 33010
T	MARIA E ROCA -D	415 E. 50TH ST.	NEW YORK, NY 10022

800002B40528--2
-04/15/99--01092--013
****300.00 ****300.00

8. Name and Address of Current Registered Agent
RICHARD POLANCO
2872 S.W. 3d AVE
MIAMI, FL 33133

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc
City
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 Richard Polanco
REGISTERED AGENT MUST SIGN
Date 4/13

11. This corporation owes 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: Miguel A Muñas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99
Date

305-863-0319
Daytime Phone #

CR2E081 (1-98)