

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 30 PM 1:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P 97000012845

1. Corporation Name

Miami Style, Inc.

2. Principal Office Address

1060 E 16 ST.

Suite, Apt. #, etc.

City & State

Hialech,

Zip

FL

Country

Miami-Dade

3. Mailing Office Address

1060 E 16 ST.

Suite, Apt. #, etc.

City & State

Hialech, FL

Zip

33010

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2-10-97

5. FEI Number

65 0726480

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

Amnon Bensimon

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

1060 E 16 ST.

Suite, Apt. #, Etc.

City

Hialech

State

FL

Zip Code

33010

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

REGISTERED AGENT MUST SIGN

Date 10-29-03

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
P	Amnon Bensimon	1060 E 16 ST	Hialech FL 33010

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 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

Date

Daytime Phone #

10-29-03 305-8051168

7/11/4

CR2E081 (10/02)



1060 E. 16TH STREET
HIALEAH, FL 33010
PHONE (305) 805-1168
FAX (305) 805-0075

October 29, 2003

Florida Department of State
Division of Corporations
409 East Gaines St
Tallahassee, FL 32399

RE: Corporation Reinstatement
Document # P97000012845

To Whom It May Concern:

Enclosed please find payment of fees for 2003. We apologize for the late payment and request the reinstatement fee to be waived. We failed to receive the annual report. We would like to confirm our address for future mailings is correct as stated on the attached application.

Please forward the Certificate of Status to: Bank of America
7760 West Flagler Street
2nd Floor
Miami, FL 33144
Attn: Silvia Serrano

You may contact our office at 305-805-1168 for any questions.

Thank you,

Miami Style, Inc.