

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**  
**Jan 17, 2003 8:00 A.M.**  
**Secretary of State**

**DOCUMENT #P97000017316**

**1. Corporation Name**

**MI Pan Enterprises, Corp.**

200010196842  
01/17/03--01075--003 \*\*300.00

**2. Principal Office Address**

**15990 NW 49 Avenue**

Suite, Apt. #, etc.

City & State  
**Miami, FL 33014**

Zip **33014** Country **USA**

**3. Mailing Office Address**

**15990 NW 49 Avenue**

Suite, Apt. #, etc.

City & State  
**Miami, FL 33014**

Zip **33014** Country **USA**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**1998**

**5. FEI Number**

**65-0825934**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

**\$8.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name **Gorrin, Alvaro**

Street Address (P.O. Box Number is Not Acceptable)  
**400 South Dixie Highway**

Suite, Apt. #, Etc.

City **Coral Gables**

State **FL** Zip Code **33146**

**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

Date **01-10-2003**

REGISTERED AGENT MUST SIGN

**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, D	Antonio Gorrin	3730 San Simeon Circle	Weston, FL 33331
VP, D	Alvaro Gorrin	400 S. Dixie Highway	Coral Gables, FL 33146
D	Juan Gorrin	10574 NW 51 Street	Miami, FL 33178
VP	Carlos Benavides	17720 NW 73 Ave # 206	Miami, FL 33015
S,	Ignacio Moreno	7622 SW 129 Place	Miami, FL 33183
T	Carolina Gorrin	2330 NW 102 Ave #1	Miami, FL 33172

**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

1/13/03

Date

(305) 6222726

Daytime Phone #

CR2E081 (9/01)