

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 AUG 28 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

197000037446

1. Corporation Name

LIBRERI MAPOU BOOKSTORE, INC.

2. Principal Office Address

5919 NE Second Avenue

Suite, Apt. #, etc.

City & State

Miami, Fl.

Zip

33137

Country

US

3. Mailing Office Address

P.O. Box 6146

Suite, Apt. #, etc.

City & State

Miami, Fl.

Zip

33299

Country

US

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

04-25-1997

5. FEI Number

65-0762188

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

X

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Cherin Starla

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

301 NE 125th. Street

Suite, Apt. #, etc.

North Miami, Fl. 33161

City

North Miami,

State

FL

Zip Code

33161

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0508, F.S.

Signature of
Registered Agent

Date

8/2/2000

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	Jean-Marie Denis	310 NE 97th. Street	Miami, Fl. 33138
T	Rita Denis	310 NE 97th. Street	Miami, Fl. 33138
S	Nadia Denis	310 NE 97th Street	Miami, Fl. 33138
V	Taina Denis	310 NE 97th. Street	Miami, Fl. 33138

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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-21-2002

Date

Daytime Phone #

CR2E081 (9/01)

D.O. & SON CORP.
3170 S.W. 118TH AVENUE
MIAMI, FLORIDA 33175

August 23, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: D.O. & Son, Corp

Gentlemen:

In accordance with your instructions, enclosed please find our check in the amount of \$308.75 payable to the Division of Corporations representing \$300.00 for the corporate annual filing fees for the year 2001 and 2002, and \$8.75 for a certificate of Good Standing. We are also enclosing a completed Corporation of Reinstatement in connection with the filing.

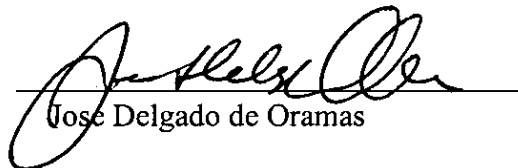
Please be advised that the 2001 and 2002 reports were never received by the undersigned. This letter shall serve as our request that all late fees be waived due to the lack of delivery of the reports to our attention. We understand that, should a waiver be granted, it is an accommodation which will only be granted one (1) time. We would appreciate your consideration in waiving such fees, as the reports were never received by the undersigned.

Thank you for your kind consideration to our request and we look forward to your favorable reply.

Very truly yours,

D.O. & Son Corp.

By:


Jose Delgado de Oramas

Enclosure

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