

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 18 PM 2:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

LIBRERI.MAPOU BOOKSTORE, INC.

REINSTATEMENT

03-04

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 ☒

\$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.

City

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 617.0503, F.S.

Signature of
Registered Agent

Cherin Starla

Date

2-27-2004

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
VP	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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-04

Date

Daytime Phone #

305 869-1283

CR2001 (01/04)

LIBRERI MAPOU BOOKSTORE Inc.

5919 NE Second Avenue, mi, Fl. 33137

Tel: (305) 757-9922/ Fx 305)757-3606

E-mail: janmapou@aol.com

Miami, February 27, 2004

Department Of State
Division of Corporations

Gentlemen,

I am respectfully asking you to reinstate my corporation dissolved last September 2003. I had a CPA taking care of my permits and my taxes but last-year, he went to visit his country and never returned. I realized it while I was getting my papers together and reconciling my bank statements.

Please accept my apology. I will make sure, it doesn't happen again.

Thanks,

J.M. Denis
Owner

