

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 997000089404

1. Corporation Name

VELPEL CORPORATION

2. Principal Office Address

2050 SW 22ND ST

Suite, Apt. #, etc.

519

City & State

MIAMI - FL

Zip

33145

Country

USA

3. Mailing Office Address

2050 SW 22ND ST

Suite, Apt. #, etc.

519

City & State

MIAMI - FL

Zip

33145

Country

USA

FILED

05 FEB -4 PM 3: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

09-05

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/97

5. FEI Number

650788697

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

JORGE VELILLA

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

881 OCEAN DRIVE

Suite, Apt. #, Etc.

TH-6

City

KEY BISCAYNE

State

FL

Zip Code

33149

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

[Signature]

Date 01/17/05

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
<u>P</u>	<u>PATRICIA E. PELAEZ DE VELILLA</u>	<u>2050 SW 22ND ST. SUITE 519</u>	<u>MIAMI - FL 33145</u>

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:

PdV.

PATRICIA E. PELAEZ DE VELILLA

01/17/05

786-663-0255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

VELPEL CORPORATION

Miami, February 2, 2005

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314


Dear Sirs:

It seems as if the Uniform Business Report for the year 2004 was not presented to you by VELPEL CORPORATION (FEI# 650788697) and the Company was placed as inactive by you. We never received the Uniform Business Report, neither did we receive any notice from you reminding us about this matter. Taking this into account, we kindly ask you to wave the reinstatement fee of \$600.

We are sending you a completed reinstatement application and the regular filing fee of \$150 for year 2004 plus \$150 for year 2005. We are also including a \$8,75 check for a certificate.

Cordially,


Jorge Velilla
VELPEL CORPORATION


President