


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		FILED 03 JUL 16 PM 3:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>P98000012606</u>					
1. Corporation Name <u>MIAMI NOTE BOOK INC</u>					
2. Principal Office Address <u>8357 W FLAGLER ST</u> Suite, Apt. #, etc. <u>301</u> City & State <u>MIAMI, FLORIDA</u> Zip <u>33144</u> Country <u>U.S.A.</u>		3. Mailing Office Address <u>8357 W FLAGLER ST</u> Suite, Apt. #, etc. <u>301</u> City & State <u>MIAMI, FLORIDA</u> Zip <u>33144</u> Country <u>U.S.A.</u>		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number <u>65-0811384</u> Applied For <input type="checkbox"/> Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name <u>RAUL RODRIGUEZ</u> Street Address (P.O. Box Number is Not Acceptable) <u>8357 W FLAGLER ST</u> Suite, Apt. #, Etc. <u>301</u> City <u>MIAMI</u> State <u>FL</u> Zip Code <u>33144</u> 700021587007 07/16/03--01020--007 **451.00					
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 <u>[Signature]</u> Date <u>5-13-03</u> 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>PD</u>	<u>RAUL RODRIGUEZ</u>	<u>8357 W FLAGLER ST</u> <u>MIAMI, FL 33144</u>		<u>MIAMI, FL 33144</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: <u>[Signature]</u> Date <u>5-13-03</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					

CR2E081 (9/01)

MIAMI NOTE BOOK INC

8357 W Flagler Street, # 301

Miami, Florida 33144

May 13, 2003

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

Re: Document P98000012606
EIN# 65-0811384
Form: Corporate Reinstatement

To whom it may concern,

We did not receive the renewal Uniform Business Report (UBR) for the past year. I am attaching a reinstatement application along with the \$450 fee.

Your help in this matter is greatly appreciated.

Sincerely,



Raul Rodriguez, President
Miami Note Book Inc.