

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 NOV -6 PM 5:38

DOCUMENT # **P98000018951**

1. Corporation Name

**MUSEO DEL JAMON, CORP.**

Principal Place of Business

Mailing Address

~~12542 SW 78TH STREET~~ **11441 SW 28ST.** PO BOX 831514  
 MIAMI FL ~~33183~~ **MIAMI, FL. 33165** MIAMI FL 33283



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**11441 SW 28 ST. MIAMI, FL 33165**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. **P.O. Box 831514**

City & State **MIAMI, FL.**

City & State **MIAMI, FL.**

Zip **33165**

Country **USA**

Zip **33283-1514**

Country **USA.**

4. Date Incorporated or Qualified To Do Business in Florida

**02/26/1998**

5. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PEREIRA, JOSE L	<del>12542 SW 78TH STREET</del> <b>11441 SW 28ST.</b>	MIAMI FL <del>33183</del> <b>33165</b>
D	JOSE LUIS PEREIRA JR.	<b>11441 SW 28ST.</b>	MIAMI FL <b>33165</b>
D	MARIA ROSA PEREIRA	<b>11441 SW 28ST.</b>	MIAMI FL <b>33165</b>
			800003488618--6 -12/06/00--01010--010 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

PEREIRA, JOSE L  
~~12542 SW 78TH STREET~~ **11441 SW 28ST.**  
 MIAMI FL ~~33183~~ **33165**

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc. \_\_\_\_\_  
 City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*[Handwritten Signature]*  
 REGISTERED AGENT MUST SIGN

Date **10-24-2000**

11. 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: *[Handwritten Signature]* (**JOSE L PEREIRA**)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-24-2000** Daytime Phone # **305-559-7451**

CR2E040 (8/00)

AD

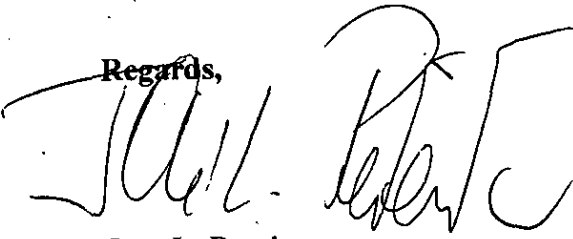
**September 21, 2000**

**Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500**

**This is to advise that I am sending a check for the amount of \$150.00. This payment is late due to the fact that the post office returned the uniform business report back to you.**

**If you have any other questions, please feel free to call me at 9305)559-7451.**

Regards,

A handwritten signature in black ink, appearing to read 'Jose L. Pereira', written over the word 'Regards,'.

**Jose L. Pereira  
Museo del Jamon Corp.  
Document#:P9800001895**