

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 16 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000004173

1. Corporation Name

INVERSIONES EL MIRADOR, INC.

2. Principal Office Address

13205 SW 137 AVE

Suite, Apt. #, etc.

F-108

City & State

Miami FL

Zip

33186

Country

USA

3. Mailing Office Address

11283 SW 156 PLACE

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33196

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

01/14/1999

5. FEI Number

65-0891348

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANTONIO GOMEZ

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

13205 SW 137 Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

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

Date

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
Pd	ANTONIO GOMEZ	11283 SW 156 PLACE	Miami FL 33196

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

3/8/04

Date

(305) 378-2823

Daytime Phone #

CR2E081 (10/02)

INVERSIONES EL MIRADOR, INC

11283 SW 156 PLACE

Miami, Fl. 33196

PHONE (305) 378-2823 FAX (305) 378-2085

March 8, 2004

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

REF: CORPORATION REINSTATEMENT

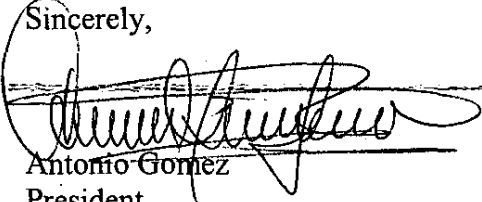
Division of Corporations

We would like to inform the reason that our company Inversiones El Mirador, Inc We moved since January 1, 2000 to our new address 11283 SW 156 Place Miami, Fl 33196. Please removed the penalty for a \$450.00 and send to all mail to the address mentioned

According a phone conversation attached to this letter you can find a Corporation Reinstatement Form with a Check # 2726 for \$ 308.75 to pay pending year and this year 2004, please update your records and a Certificate of Status.

Please call if you have any questions to our phone (305) 378-2823

Sincerely,



Antonio Gomez
President

Cc: Accounting Dept