

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 25 AM 3:15

DOCUMENT # P99000059649

1. Corporation Name

IVAN-MODAS CORP

2. Principal Office Address

2428 NW 20TH ST.
MIAMI FL 33142

Suite, Apt. #, etc.

3. Mailing Office Address

2428 NW 20TH ST
MIAMI FL 33142

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33142

Country

MIAMI-DADE

Zip

33142

Country

MIAMI-DADE

4. Date Incorporated or Qualified
To Do Business in Florida

07-01-99

5. FEI Number

65-0930535

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RAMIRO MERLO

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

2428 N W 20TH ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33142

700005063447-9

-03/07/02--01026--003

****450.00 ****450.00

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

REGISTERED AGENT MUST SIGN

Date 2/18/02

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.S-D	MERLO, RAMIRO	2428 N W 20TH ST	MIAMI, FL 33142

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

Date

2/18/02

Daytime Phone #

CR2E081 (9/01)

*IVAN MODAS CORP.
2428 N. W. 20th. STREET
MIAMI, FL. 33142*

February 18, 2002

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

Re. Reinstatement Ivan Modas Corp.

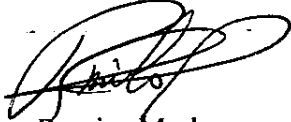
Gentlemen;

Enclosed find check for \$450.00 to cover fees for reinstatement of the corporation of the reference.

This request is based in the fact that we never received a renewal form for the years 2000, 2001 and 2002, as the forms were returned to Tallahassee, and for this reason we were not capable of filing on time

Thanks for your attention to this matter.

Sincerely,



Ramiro Merlo
President