

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT #

P-99000063825

1. Corporation Name

CHARAL CORPORATION

Principal Place of Business

Mailing Address

~~14906 SW 104th Street / Suite 57
Miami, Florida 33196~~

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

2. New Principal Office Address, If Applicable

8405 NW 53rd St.

Suite, Apt. #, etc.

Ste. C-103

City & State

Miami, FL

Zip

33166

Country

USA

3. New Mailing Office Address, If Applicable

8405 NW 53rd St.

Suite, Apt. #, etc.

Ste. C-103

City & State

Miami, FL

Zip

33166

Country

USA

REINSTATEMENT

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FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

Applied For
 Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	LUIS ALFREDO JUGO R.	8405 NW 53rd St., #C-103	Miami, FL 33166
SD	SOFIA MOLINA	8405 NW 53rd St., #C-103	Miami, FL 33166
D	MARILIANA JUGO	8405 NW 53rd St., #C-103	Miami, FL 33166
D	LUIS ALFREDO JUGO M.	8405 NW 53rd St., #C-103	Miami, FL 33166

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12/05/00--01103--013
***750.00 ***750.00

8. Name and Address of Current Registered Agent

RAFAEL E. RODRIGUEZ
8405 N.W. 53rd St.
Ste. C-103
Miami, FL 33166

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

Rafael E. Rodriguez
REGISTERED AGENT MUST SIGN

Date

11/29/00

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.

KE

SIGNATURE:

Luis Alfredo Jugo R.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-LUIS ALFREDO JUGO R.

11/29/00

(305)441-1544

Date

Daytime Phone #