

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL -7 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000068363

1. Corporation Name

MIACOL ENTERPRISES, INC.

400021352064
07/07/03--01064--003 **300.00

2. Principal Office Address

5341 NW 79TH AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33166

Country

3. Mailing Office Address

15133 NW 1ST ST

Suite, Apt. #, etc.

City & State

REMBROKE PINES FL

Zip

33028

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

7/26/1999

5. FEI Number

650988600

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JUAN F SANCHEZ

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

5341 NW 79TH AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 7/3/03

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
DVPS	JUAN F SANCHEZ	5341 NW 79 TH AVE	MIAMI, FL. 33166
P.T	OSORIO, BERNARDO	CALLE 30 #130-48	SANTA FE DE BOGOTA, COLOMBIA

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

7/3/03
Date

305-205-0443
Daytime Phone #

July 1, 2003

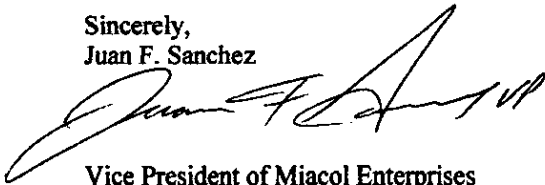
To Whom It May Concern:

I am interested in reinstating the Miacol Enterprises, Inc. Any paperwork mailed to Miacol Enterprise was mailed to 4410 W 16th Ave, Hialeah, Fl 33012 did not include the necessary Suite number. This cause delays because such paperwork was undeliverable to the best of our knowledge.

The correct and current address is 15133 NW 1st Street. Pembroke Pines, Fl. 33028

We are asking that you waive the reinstatement fee. Thank you in advance for your consideration and assistance in this matter.

Sincerely,
Juan F. Sanchez

A handwritten signature in black ink, appearing to read "Juan F. Sanchez" with a stylized flourish at the end.

Vice President of Miacol Enterprises