

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000076293

1. Corporation Name

MENDEZ VILLALOBOS CORP.

2. Principal Office Address

10736 NW 58 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL,

Zip

33178

Country

USA

3. Mailing Office Address

7025 NW 107 COURT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33178

Country

USA

FILED
03 DEC 23 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

02-03

500025723575
12/23/03--01025--007 **300.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

08-25-1999

5. FEI Number

65-0943099

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

HOYOS MAITE

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

1101 BRICKELL AVENUE

Suite, Apt. #, Etc.

SUITE 704

City

MIAMI

State
FL

Zip Code
33131

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
DP	MENDEZ EUDO	7025 NW 107 COURT	MIAMI, FL, 33178

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

DEC-17-03 305-594-3775

Date

Daytime Phone #

CR2E081 (10/02)

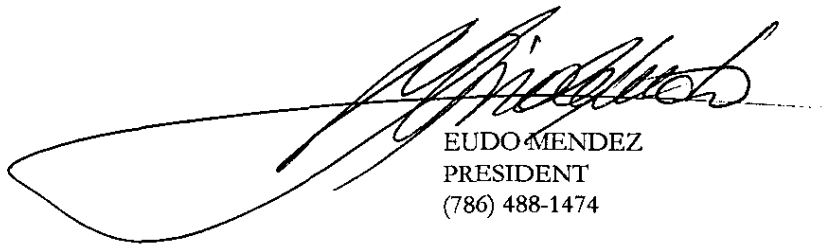
FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

December 18, 2003

Dear Sir or Madam:

I send you this letter , because we did not receive this form for 2002 and 2003. I filled out the Corporation Reinstatement form and I am sending it to you. I am also sending a check, # 603, for the amount of \$ 300 (\$150 for 2002 and \$150 for 2003). I spoke to a representative stating that it was not our fault in this matter. She suggested that I write you this letter in hopes that everything will be resolved. Thank you for your attention and understanding.

Sincerely,

A large, stylized handwritten signature in dark ink, appearing to read 'Eudo Mendez', is written over a horizontal line. The signature is fluid and cursive, with a long, sweeping underline that extends to the left.

EUDO MENDEZ
PRESIDENT
(786) 488-1474

10736 NW 58 Street * Miami, Florida 33178