

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 5:23

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P99000099035

1. Corporation Name

A.G.S.R. CORPORATION

Principal Place of Business

11209 SW 88 STREET  
 #B-103  
 MIAMI FL 33176

Mailing Address

11209 SW 88 STREET  
 #B-103  
 MIAMI FL 33176



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/10/1999

5. FEI Number

59-3617613

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VD	ARDILA, JUAN C	89 S.W. 142ND AVE., STE. 134	MIAMI FL 33186
PSTD	OTALORA, MARIO	89 S.W. 142ND AVE., STE. 134	MIAMI FL 33186

4000000733024  
 11/04/02--01064--002 \*\*150.00

8. Name and Address of Current Registered Agent

MALEK, FARHAD  
 2333 BRICKELL AVENUE, MEZZANINE SUITE  
 MIAMI FL 33129

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. or 617.0505, F.S.

Signature of Registered Agent

**SIGNATURE REQUIRED**

Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

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.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-02

Date

Daytime Phone #

CR2E040 (8/02)

**A.G.S.R. CORPORATION**  
**11209 SW 88 ST. # B-103, Miami, FL 33176**  
**tel 305-803-4115, fax 305-273-1353**

**October 18, 2002**

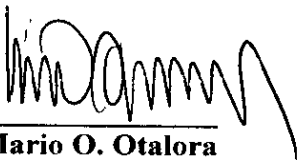
**Please reinstate my corporation. I am including the \$ 150.00 fee and the application for reinstatement of the company.**

**Please waive the extras fee due to the previous notices were not received by us.**

**Please update the address for Juan C. Ardila and Mario Otalora, the current address is :**

**11209 SW 88 St. # B-103, Miami , Florida 33176**

**Thanks a lot,**



**Mario O. Otalora**  
**PSTD**