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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| <p>APPLICATION FOR REINSTATEMENT</p> <p style="text-align: center;">FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS</p> | <p style="text-align: center;">DO NOT WRITE IN THIS SPACE</p> <p style="text-align: center; font-size: 1.2em;">FILED</p> <p style="text-align: center;">97 JUL -7 PM 1:16</p> <p style="text-align: center;">SECRETARY OF STATE JIM SMITH TALLAHASSEE, FLORIDA</p> |
| <p>Read Instructions on Other Side Before Making Entries Make Check Payable To: Department of State</p> | |
| <p>1. Name and Mailing Address of Corporation: DOCUMENT # 534394</p> <p>MIGIDA INC. 6710 S.W. 40TH ST MIAMI FL 33155</p> | <p>2. If Address in Block 1 is correct, in any way, enter the correct address below:</p> <p>Address _____</p> <p>City and State _____ Zip Code _____</p> <p>3. If Principle Office Address is different from mailing address, enter address below:</p> <p>Address _____</p> <p>City and State _____ Zip Code _____</p> |

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|---|--|--|---|
| <p>4. Date Incorporated or Qualified To Do Business in Florida FEBRUARY 27, 1991</p> | <p>5. FEI Number 65-0246472</p> | <p>FEI Number Applied For _____</p> <p>FEI Number Not Applicable _____</p> | <p>6. \$8.75 Additional Fee required for a Certificate of Status</p> <p>CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></p> |
|---|--|--|---|

| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | |
|---|--|--|-------------------------|
| 1 | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
| P/D | MIGUEL MENDOZA | 15401 S.W. 47TH ST | MIAMI FL 33185 |
| S/D | IDA MENDOZA | 15401 S.W. 47TH ST | MIAMI FL 33185 |
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REINSTATEMENT

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7-8-97

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| <p>REGISTERED AGENT INFORMATION</p> <p>8. Name and Address of Current Registered Agent</p> <p>MIGUEL MENDOZA 15401 S.W. 47TH ST MIAMI FL 33185</p> | <p>9. If changed, new registered agent / office</p> <p>Name _____</p> <p>Street Address (Do NOT Use P.O. Box Number) _____</p> <p>Street Address (Do NOT Use P.O. Box Number) _____</p> <p>City _____ State FL. Zip _____</p> |
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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 *Miguel Mendoza* Date **6-19-97**

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director *Miguel Mendoza* Date **6-19-97** Daytime Phone # _____

Typed or printed name of signing officer or director _____

CR2E040 (8/92)