

CAPITAL CONNECTION

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08/02 '99 14:09 NO.209 02/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

SO AUG -5 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S53516

1. Corporation Name
Myronal Enterprises Inc.

Principal Place of Business
1750 NW 96 Ave. P.O. Box 59-1395
Miami, FL 33172 Miami, FL 33159

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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5-17-91	
City & State		City & State		8. FEI Number	
Zip		Zip		65-0270898	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

REINSTATEMENT 8-99

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	Miguel J. Canal	1750 NW 96 Ave.	Miami, FL 33172
VP	Daniel Guerra	1750 NW 96 Ave	Miami - FL 33172
			200002959662--2 -08/13/99--01094--024 ****450.00 ****450.00
			200002959662--2 -08/13/99--01094--025 ****450.00 ****450.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Joaquin R Canal 2250 SW 89 Ave. Miami, FL 33165		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
		200002959662--2 -08/13/99--01094--026 *****8.75	

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: [Signature] REGISTERED AGENT MUST SIGN Date: Aug 3/1999

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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 taxes 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Aug 3/99 (35) 477-7750 Daytime Phone #