PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Me lots

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 5 69 2 41

1. Corporation Name

	FILED								
2006	JUN	19	PH	12:	26				

SECRETART OF STATE TALLAHASSEE, FLORIDA

2. Principal Office Address // 3 NW 207H STREET Suite, Apt. #, etc. Suite, Apt. #, etc. City & State To Do Business in Florida 7 - 29 - 9/ Not Applied For Not Applied For Not Applied For Status DESIRED Street Address (P.O. Box Number is Not Acceptable) // 73 Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) // 73 Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) P. Names and Street Addresses of Each Officer and/or Directors Name of Officers and/or Directors City / State / 20 Street Addresses of Each Officer and/or Directors Name of Officers and/or Directors City / State / 20 Street Addresses of Each Officer and/or Directors Officers and/or Directors City / State / 20 Street Addresses of Each Officers and/or Directors Officers and/or Directors City / State / 20 Street Addresses of Each Officers and/or Directors City / State / 20 Street Addresses of Each Officers and/or Directors City / State / 20 Street Addresses of Each Officers and/or Directors Officers and/or Directors City / State / 20 Street Addresses of Each Officers and/or Directors City / State / 20 Street Addresses of Each Officers and/or Directors City / State / 20 Street Addresses of Each Officers and/or Directors City / State / 20 Street Addresses of Each Officers and/or Directors City / State / 20 State / 20 Street Addresses of Each Officers and/or Directors City / State / 20 State /	D I	ENIS IMPOR	T CORF	۶.			
City & State Country To Do Business in Florida on 7 - 29 - 9/ Street Address of Current Registered Agent Name RAMIRO MERLO Street Address (P.O. Box Number is Not Acceptable) 1734 N W 20 TH STRE6T Suite, Apt. #. Etc. City MIAMI State City MIAMI State Registered Agent Registered Agent Registered Agent Registered Agent Street Address of Carrent Registered egent of the above registed compaction, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Registered Agent Registered Agent Registered Agent Name of Officer and/or Director Officer and/or Director City / State / Zip Name of Officer and/or Director PDT RAMIRO MERLO 1734 N W 20TH ST MIAMI FL 33142			3. Mailing Office Address	55		7/0601031013	**450.00
City & State MIAMI FL Zip Country 33 142 Country The RAMIRO MERLO Street Address (P.O. Box Number is Not Acceptable) 1734 N W 20 TH STREET Suite, Apt. #, Etc. City MIAMI 8. I, being appointed the registered agent of the above resided compagation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN P. 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 Name	Suite, Apt. #	f, etc.	Suite, Apt. #, etc.				200
Zip 3.3 142 MIAMI- Davide 7. Name and Address of Current Registered Agent Name RAMIRO MERLO Street Address (P.O. Box Number is Not Acceptable) 17.3 4 N W 20 TH STREET Suite, Apt. #, Etc. City MIAMI 8. I, being appointed the registered agent of the above resided composition, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent 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 Officers and/or Directors 1.73 4 N W 20 TH ST MIAMI FL 33142.	MIA		City & State		5. FEI Numbe	9r	Applied For
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Signature of Registered Agent		City MIAMI					
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VOS CORALA MEDIO 10305 SW3RD ST MIRM FL 32174	POT	RAMIRO MERLO	173	4 NW 20	OTH ST	MIAMI FL	33142.
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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 contained in Chapter 119, 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

Date

Daytime Phone #

poserote

DENIS IMPORT CORP. 1734 N W 20th. Street Miami, FL. 33142

June 8, 2006

Department of State Division of Corporations P O Box 6327 Tallahassee, FL 32314

Re.: Denis Import Corp.

S 69241.

Gentlemen:

Enclosed find fully completed Corporation Reinstatement Form for the Corporation of the reference.

We are also attaching check for \$450.00 for fees for years

2004 150.00 2005 150.00 2006 150.00

I am respectfully requesting you waive the reinstatement fee of \$ 600.00, because the corporation address in 2004 was stated as 1736 N W 20th. Street, and for this reason I never received any correspondence from your office to this date.

Thanks very much for your attention to this matter.

President