


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 MAY -1 AM 10:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # S77331					
1. Corporation Name REMA, INC.					
Principal Place of Business 3205 S.W. 106th Ave. Miami, FL 33165		Mailing Address 3205 S.W. 106th Ave. Miami, FL 33165			
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 Address, If Applicable P.O. Box 650456		4. Date Incorporated or Qualified To Do Business in Florida 09/03/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0300953	
City & State		City & State Miami, Florida		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
33265	USA	33265	USA		
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		
DP	DE LOS REYES, GABRIEL	17795 SW 158 Street	Miami, Florida 33187		
				500002169625--2 -05/07/97--01069--007 ****375.00 ****375.00	
				500002169625--2 -05/07/97--01069--008 ****540.00 ****540.00	
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
MIAMI CORPORATE SYSTEMS, INC. 5200 Blue Lagoon Drive, Suite 700 Miami, Florida 33126		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. Signature of Registered Agent Luis A. Perez <i>Luis A. Perez, Vice-President</i> Date 4/16/97 REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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: Gabriel de los Reyes, Pres. President 11/12/1996 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR20040 (12/95)