

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 JAN 23 AM 9:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **V72502**

1. Corporation Name

MIAMI ENTERPRISE GROUP, INC.

w96-20454

Principal Place of Business: 417 W. 27th Street, Hialeah, Fl. 33010
Mailing Address: 417 W. 27th Street, Hialeah, Fl. 33010

REINSTATEMENT

94-96

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida		October 20, 1992	
5. FEI Number		Applied For	
65-0708777		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	PEDRO LARA	417 W. 27th Street	Hialeah, Fl. 33010

000002067380--2
-01/24/97--01030--006
****775.00 ****775.00

8. Name and Address of Current Registered Agent

JORGE E. BLANCO
1401 PONCE DE LEON BLVD. SUITE 202
CORAL GABLES, FLORIDA 33134

9. Name and Address of New Registered Agent

Name: PEDRO LARA
Street Address (P.O. Box Number is Not Acceptable): 417 W. 27th STREET
Suite, Apt. #, Etc.:
City: HIALEAH State: FL Zip Code: 33010

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]* Date: 1-17-97
PEDRO LARA REGISTERED AGENT MUST SIGN

11. 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.)

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: *[Signature]* PEDRO LARA Date: 1-17-97 Daytime Phone #: (305) 887-2932

CFR2040 (12/95)