

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P00000032930**

1. Corporation Name  
**BIMBA MIAMI, INC.**

2. Principal Office Address  
**PO BOX 141286**

Suite, Apt. #, etc.

City & State  
**CORAL GABLES, FL.**

Zip  
**33134**

Country

3. Mailing Office Address  
**1313 EL RADO ST.**

Suite, Apt. #, etc.

City & State  
**CORAL GABLES, FL.**

Zip  
**33134**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

FILED  
05 DEC 30 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-05

CREATED 01/04/2008

7. Name and Address of Current Registered Agent

Name  
**PHILIPP FISCHLEDER**

100063010131

Street Address (P.O. Box Number is Not Acceptable)  
~~PO BOX 141286~~ / **1313 EL RADO ST.**

01/06/05--01055--012 \*\$130.00

Suite, Apt. #, Etc.

City  
**CORAL GABLES**

State  
**FL**

Zip Code  
**33134**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Philipp Fischleder*  
REGISTERED AGENT MUST SIGN

Date *11/29/05*

9. 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	Street Address of Each Officer and/or Director	City / State / Zip
D	PHILIPP FISCHLEDER	PO BOX 141286	CORAL GABLES, FL. 33134

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 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: *Philipp Fischleder*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *11/29/05*  
Daytime Phone #