

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN 21 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000005885

1. Corporation Name

GRUPO FOLKLORICO ESMERALDA, INC.

2. Principal Office Address - No P.O. Box #

4132 Caranbola Circle south

3. Mailing Office Address

4132 Caranbola Circle south

Suite, Apt. #, etc.

APT # F405

Suite, Apt. #, etc.

APT # F405

City & State

Coconut Creek fl.

City & State

Coconut Creek

Zip

33066

Country

USA

Zip

fl.

Country

33066

200182422042
06/21/10--01060--018 **481.25

REINSTATEMENT 06-10

4. Date Incorporated or Qualified To Do Business in Florida

03/17/99

5. FEI Number

65-0621049

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STANLEY KUTLIN

Street Address (P.O. Box Number is Not Acceptable)

6239 GREENVIEW TERRACE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33433

200182422042
06/21/10--01060--019 **8.75

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

Stanley Kutlin
REGISTERED AGENT MUST SIGN

Date

6/20/2010

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
PD	WAGNER M ^A LUCY	4132 Caranbola Circle south	Coconut Creek fl: 33066
Vicep.	Giraldo Gilberto	4132 Caranbola Circle south APT 405	Coconut Creek fl: 33066
Treasory	MANUEL JOSE PINZON	3395 HERRICK ct. APT 405	margate fl: 33063
Sec	Natalia Echeverry	2356 NW 39 th Ave	Coconut Creek fl: 33066

10. E-mail Address: Grupo esmeralda@hotmail.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Lucy Wagner
LUCY WAGNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/20/10 (954) 821-5207

Daytime Phone #