

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 21 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000037432670

05/28/04-01049-022 **8.75

REINSTATEMENT 03.04

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000000842

1. Corporation Name

ACTION OF SOLIDARITY, Inc

2. Principal Office Address

141 CRANDON BLVD.

Suite, Apt. #, etc.

APT. # 431

City & State

KEY BISCAYNE

Zip

33149

Country

USA

3. Mailing Office Address

141 CRANDON BLVD

Suite, Apt. #, etc.

APT. # 431

City & State

KEY BISCAYNE

Zip

33149

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/1997

5. FEI Number

65-0752133

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

CRISTOBAL PLAZA

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

935 PENNSYLVANIA AVE. # 305

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33139

000037432670

05/28/04-01049-023 **257.50

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/10/04

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	CORCES, PEDRO FATHER	FL 33182 275 N.W 130 AVE. MIAMI	MIAMI, FL 33182
DV	REYNA, FELICIANO	EDF. EL PALMAR # 3-B CALLE LA CINTA	1064 CARACAS, VENEZUELA
SD	GRISANTI, ARMANDO	EDF. PALMA REAL # -1 CALLE CALIFORNIA	CARACAS, VENEZUELA 1064
D	GRISANTI, ANA MARIA	141 CRANDON BLVD. #431 KEY BISCAYNE, FL 33149	KEY BISCAYNE, FL 33149
D	VERGEL, NELSON	1112 JACKSON BLVD.	HOUSTON, TX 77006
			MS/26

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/2004 (305) 365-0654

Date

Daytime Phone #

CR2E081 (01/04)