

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000112337

1. Corporation Name

UNIVERSIDAD CESAR VALLEJO INC.

Principal Place of Business

235 SIDONIA AVE. APT. 203
CORAL GABLES FL 33134

Mailing Address

235 SIDONIA AVE. APT. 203
CORAL GABLES FL 33134

Handwritten initials



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/27/2001

5. FEI Number

80 0024969

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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	4 City / State / Zip
PD	ACUNA, CESAR SENIOR	235 SIDONIA AVE. APT. 203	CORAL GABLES FL 33134
VD	ACUNA, CESAR JUNIOR	235 SIDONIA AVE. APT. 203	CORAL GABLES FL 33134

400008836254
11/06/02--01125--017 **750.00

8. Name and Address of Current Registered Agent

ACUNA, CESAR JUNIOR
235 SIDONIA AVE. APT. 203
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of Registered Agent X

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/05/2002

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 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: X SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/05/2002
Daytime Phone #

CR2E040 (8/02)