

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 DEC 24 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD 2000013952

1. Corporation Name

A Virtual Corporation of Miami

2. Principal Office Address

2333 Brickell Avenue

Suite, Apt. #, etc.

2812

City & State

Miami Fla

Zip

33129

Country

USA

3. Mailing Office Address

2333 Brickell Avenue

Suite, Apt. #, etc.

2812

City & State

Miami Fla

Zip

33129

Country

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**4. Date Incorporated or Qualified
To Do Business in Florida**

2/6/02

5. FEI Number

Applied for

☒ 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

Cesar Gomez

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

260 Candan Blvd

Suite, Apt. #, Etc.

14

400025827384

12/30/03--01011--004 **150.10

City

Key Biscayne

State

FL

Zip Code

33149

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

Date

REGISTERED AGENT MUST SIGN

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
P/D	Jorge Sosa	2333 Brickell Ave #2812 MIA	Miami, Fla 33149
S/D	Susana Vaamonde de Sosa	2333 Brickell Ave #2812	Miami, Fla 33149

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/22/03 (305) 361.0105

Daytime Phone #

CR2E081 (10/02)

Department of State
Division of Corporations

RE: A Virtual Corporation of Miami

To Whom It May Concern:

I am enclosing herewith the reinstatement form and the check in the amount of \$150.00. Please waive the penalties for the filing of my annual return for 2003 since I live out of the country and unfortunately I never received this filing.

Very truly yours,

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Jorge Sosa