

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # B07000054266

1. Corporation Name

ALAUQA 20 CORP.

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

3001 NE 185th St.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Unit 516

Suite, Apt. #, etc.

City & State

Aventura, Florida

City & State

Zip

33180

Country

USA

Zip

Country

REINSTATEMENT

900164148409

01-04-10 01044 014 \$300.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/2007

5. FEI Number

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

Elisa Garcia

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

2830 SW 22nd Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33133

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Elisa Garcia
ELISA GARCIA

REGISTERED AGENT MUST SIGN

Date 11-11-09

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	Giacomo Calabrese	3001 NE 185th St #516	Aventura, FL 33180
VP	Noelia Santos	(same as above)	(same as above)

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02/16/10--01008--012 **150.00

2/2/16

10. E-mail Address: elisagarcia@bellsouth.net

(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 that 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Giacomo Calabrese

Date

Daytime Phone #

12-29-09