

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA3000071428

FILED

96 NOV 18 AM 10:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Corporation Name
The Villoldo Group, Inc.

Principal Place of Business Mailing Address
22605 SW 184 Avenue
Miami, Florida 33170

REINSTATEMENT 94-96 00

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable same
3. New Mailing Address, if Applicable same
4. Date Incorporated or Qualified To Do Business in Florida October 14, 1993

Suts. Apt. #, etc. Suts. Apt. #, etc. 5. FEI Number Applied For Not Applicable

City & State City & State 6. CERTIFICATE OF STATUS DESIRED

Zip Country Zip Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Gustavo Villoldo	22605 SW 184 Avenue	Miami, Fl. 33170
D	Alfredo Villoldo	22605 SW 184 Avenue	Miami, Fl. 33170

800002008488--7
-11/19/96--01140--021
****775.00 ****775.00

8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent

Alan G. Greer
175 NW 1st Avenue
26 Floor
Miami, Florida 33128

Name Leo Benitez, Esquire
Street Address (P.O. Box Number is Not Acceptable) 2151 LeJeune Road
Suts. Apt. #, Etc. Mezzanine Level
City Coral Gables State FL Zip Code 33134

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.
Signature of Registered Agent *[Signature]* Date 11/15/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.073(1), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.073(1) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]* 11-14-96
SIGNATURE AND TYPED OR PRINTED NAME OF SENIOR OFFICER OR DIRECTOR Date Daytime Phone #