

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

90 AUG -9 PM 1:13

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

700002960017--1
-08/13/99--01112--017
***1050.00 ***1050.00

DOCUMENT # **P94000092479**

1. Corporation Name

~~ALVO~~ **Coorporation**

Principal Place of Business

Mailing Address

**2 Alhambra Plaza
Suite 802
Coral Gables, Florida 33134**

SAME

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

~~2 Alhambra Plaza~~

~~2 Alhambra Plaza~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

~~Coral Gables, Fla~~

~~Coral Gables FL~~

Zip

Country

Zip

Country

33134

Dade

33134

Dade

REINSTATEMENT 97-99

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

12/16/1994

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DS	DE CORDOBA, OTTO	2 Alhambra Plaza #802	Coral Gables, FL 33134
D	SORZANO, JOSE S	5305 N. Lee Highway	ARLINGTON, VA 22207
DP	VIVENT, PABLO	654 Ave. Muñoz Rivera	San Juan, P.R. 00918-4121
D	SANchez, EDUARDO	348 W 38 ST APT 10E	New York, NY 10018
D	SANchez, PABLO	1008 SE 4th Street	Belle Glade, FL 33430

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**DE Cordoba, OTTO
2 ALHAMBRA PLAZA, Suite 802
CORAL GABLES, FL 33134**

Name

OTTO de Cordoba

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

2 ALHAMBRA PLAZA, Suite 802

Suite, Apt. #, Etc.

City

CORAL GABLES, FL

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 607.0505, F.S.

Signature of Registered Agent

OTTO de Cordoba

REGISTERED AGENT MUST SIGN

Date

8/16/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes No

(See other side for information on intangible tax)

KE

12. 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:

OTTO de Cordoba **OTTO de Cordoba**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/99

Date

(305) 448-0449

Daytime Phone #

CR2E001 (12/98)