

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 MAR 25 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000032151

1. Corporation Name

HENRIQUES & ASSOCIATES, INC.

500121197285
03/25/08--01017--023 **1050.00

REINSTATEMENT 06-08
CR2E081 (12/07)

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

9901 SW 60 ST

Suite, Apt. #, etc.

3. Mailing Office Address

9901 SW 60 ST

Suite, Apt. #, etc.

City & State

MIAMI-FL

Zip

33173

Country

USA

City & State

MIAMI-FL

Zip

33173

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 04/08/99

5. FEI Number

52-1428972

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

HENRIQUES, ADOLFO

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

9901 SW 60 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33173

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

A. Henriquez
REGISTERED AGENT MUST SIGN

Date 03/18/08

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
PS	HENRIQUES, ADOLFO	9901 SW 60 ST	MIAMI - FL - 33173

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 contained in Chapter 119, 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:

A. Henriquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-18-2008

Date

305-663-6132

Daytime Phone #