

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000107829

1. Entity Name
FGR RITZ 524 CORP.



FILED

04 OCT 19 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1200 BRICKELL AVE
STE 900
MIAMI, FL 33131

Mailing Address

1200 BRICKELL AVE
STE 900
MIAMI, FL 33131

2. Principal Place of Business

1390 Brickell Avenue
Suite, Apt. #, etc
Suite 200

3. Mailing Address

1390 Brickell Avenue
Suite, Apt. #, etc
Suite 200

City & State

Miami, Florida

City & State

Miami, Florida

Zip
33131

Country
US

Zip
33131

Country
US

10182004

REIN-P

CR2E098 (6/04)

4. FEI Number

65-1134299

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVENUE, SUITE 900
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
Alvaro Castillo B., P.A.

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

1390 Brickell Avenue, Suite 200

City
Miami

FL

Zip Code 33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-18-04

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME FERNANDEZ CANDIA, RAMIRO MARIA
STREET ADDRESS 799 CRANDON BLVD, #608
CITY-ST-ZIP KEY BISCAIYNE, FL 33149

TITLE D ☐ Delete
NAME FERNANDEZ CANDIA, GONZALO MARIA
STREET ADDRESS 799 CRANDON BLVD, #608
CITY-ST-ZIP KEY BISCAIYNE, FL 33149

TITLE D ☐ Delete
NAME FERNANDEZ CANDIA, FRANCISCO M
STREET ADDRESS 799 CRANDON BLVD, #608
CITY-ST-ZIP KEY BISCAIYNE, FL 33149

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Change ☒ Addition
NAME Alvaro Castillo
STREET ADDRESS 1390 Brickell Avenue, Suite 200
CITY-ST-ZIP Miami, Florida 33131

TITLE ☐ Change ☐ Addition
NAME 000041985030
STREET ADDRESS 10/19/04--01040--001
CITY-ST-ZIP **158.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alvaro Castillo

10-18-04

(305) 371-5540

Date

Daytime Phone #

Secretary

Charter Number Only

VALIDATION ONLY

10/18 Martha

Olvaro Castillo

Requestor's Name

1390 Brickell Ave #200

Address

Miami FL 33131

City

State

Zip

Phone

371-5540B

CORPORATION(S) NAME

FGR Ritz 524 Corp.

P00000107829

- | | | |
|---|--|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input checked="" type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input checked="" type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> Mail Out |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CR2E031 (R8-85)



Empire Toll Free: 1-800-432-3028

RECEIVED
OCT 19 AM 10:26
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA