

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 JAN 14 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K52841

1. Corporation Name  
Contadina Inc.

7700 NW 73 Court

2. Principal Office Address  
7700 NW 73 Court

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami, FL.

City & State

Zip  
33166

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
521053339

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 04-05  
MRS

**7. Name and Address of Current Registered Agent**

Name  
Pablo R. Bared, Esq., Bared and Associates, PA

Street Address (P.O. Box Number is Not Acceptable)  
1500 San Remo Avenue

Suite, Apt. #, Etc.  
Suite 103

City  
Coral Gables

State Zip Code  
FL 33146

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

REGISTERED AGENT MUST SIGN

Date 1/6/04

**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
PD	Juan Jose Anton	7700 NW 73 Cr	Miami, FL. 33166
VD	Patricia Anton	7700 NW 73 Cr	Miami, FL. 33166
SD	Jose Anton	7700 NW 73 Cr	Miami, FL. 33166

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01/14/05--01053--008 \*\*950.00

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 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:

*Jose Anton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/05 3056666010

Date

Daytime Phone #

CR2E081 (01/04)