

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

05 NOV -7 PM 3: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06082005 REIN-NP CR2E099 (6/04)

4. FEI Number
59-1549190

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLAVELL, ROBERT
2701 PONCE DE LEON BLVD
SUITE 302
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ROBERTO	
STREET ADDRESS	1051 SW 1ST STREET	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FERREIRO, JOSE M.	
STREET ADDRESS	1051 S.W. 1ST ST. #301	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MUSTELL, LORENZO	
STREET ADDRESS	1051 SW 1ST STREET	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ZAMORA, MODESTO	
STREET ADDRESS	1051 SW 1ST STREET, APT #311	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TRAJILLO, MERDEDES	
STREET ADDRESS	1051 SW 1ST STREET	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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, typed or printed name of signing officer or director

Date

Daytime Phone #