PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
'10 APR -9 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000004324

1. Corporation Name

RESPECTABLE LOGIA SIMBOLICA SALOMON #2 INC

600175183036
04/09/10--01034--014 **183.75

REINSTATEMENT 08-10

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1140 W 29 ST		1140 W 29 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		22	
City & State		City & State	
HIALEAH		HIALEAH	
Zip	Country	Zip	Country
33012	US	33012	US

4. Date Incorporated or Qualified To Do Business in Florida 04/26/2004

5. FEI Number ☐ 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
PUERTO, GUSTAVO

Street Address (P.O. Box Number is Not Acceptable)
1140 W 29 ST

Suite, Apt. #, Etc.
22

City	State	Zip Code
HIALEAH	FL	3301021

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____ Date 04/06/10

REGISTERED AGENT MUST SIGN

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
P	PUERTO, GUSTAVO	1140 W 29 ST	HIALEAH, FL 33012
VP	GONZALEZ, CIRO	690 E 8 LN	HIALEAH, FL 33010
VP	GARCIA, LUIS	1740 SW 67 AVE	MIAMI, FL 33155
T	URALDE, EUTIMIO	6450 COLLINS AVE 905	MIAMI BEACH, FL 33141

10. **E-mail Address:** _____
(To be used for future annual report notification)

11. 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. I further certify, 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: _____ GUSTAVO PUERTO, PRESIDENT 04/06/10 305-582-1696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #