

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 NOV 23 AM 10:49

DOCUMENT #

1. Corporation Name 39 FLAGLER AVE FL
728004

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

3911 W. FLAGLER ST

Suite, Apt. #, etc.

6C

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

CORAL GABLES

City & State

Zip

33134

Country

FL

Zip

Country

500187155035
10/27/10--01039--005 **61.25

REINSTATEMENT 2010

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

11/23/10--01017--001 **175.00

7. Name and Address of Current Registered Agent

Name

RAUL GRANA

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

3911 W FLAGLER ST. OPT 6

Suite, Apt. #, Etc.

City

CORAL GABLES FL

State

FL

Zip Code

33134

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

Raul Grana

Date 11/29/10

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
	<u>ANGEL PEDRAJA</u>	<u>PRESIDENT 3907 W. FLAGLER FL 33134</u>	
	<u>RAUL GRANA</u>	<u>TREASURER 3911 W FLAGLER - FL 33134</u>	
	<u>I DE LA TORRE</u>	<u>SECRETARY 3917 W. FLAGLER FL 33134</u>	

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:

Raul Grana

dk 11/29/10

10/20/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #