

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 388345			
1. Corporation Name CESPEDES AND ASSOCIATES, INC.			
2. Principal Office Address 717 PONCE DE LEON BLVD. Suite, Apt. #, etc. SUITE 234 City & State CORAL GABLES, FL Zip 33134		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	

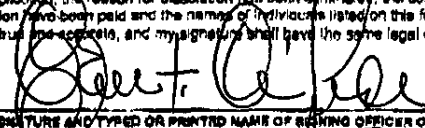
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4. Date Incorporated or Qualified To Do Business in Florida 1975	
5. FEI Number 59-1378179	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒	

7. Name and Address of Current Registered Agent	
Name FRANK R.S. FABRE	
Street Address (P.O. Box Number is Not Acceptable) 717 PONCE DE LEON BLVD.	
Suite, Apt. #, Etc. SUITE 234	
City CORAL GABLES	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 607.0605 or 617.0603, F.S.			
Signature of Registered Agent 		Date 5-29-03	
REGISTERED AGENT MUST SIGN FRANK R.S. FABRE			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	CESPEDES, ERNESTO	717 PONCE DE LEON BLVD	CORAL GABLES, FL 33134
S	CESPEDES, GLADYS	717 PONCE DE LEON BLVD	CORAL GABLES, FL 33134
VP	BOLOOKI, HAMID	351 N.W. LE JEUNE RD	MIAMI, FL 33126
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 19.07(3)(f), F.S. The information indicated on this application is true and correct, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: 		Date 5-28-03	
REGISTERED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ERNESTO CESPEDES		Daytime Phone # 305 369 0661	