PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV 29 AM 11: 15

SEC...
TALLA....

DOCUMENT # 623732

1. Corporation Name

ALBATROSS DEVELOPERS COMPANY

REINSTATEMENT 89-05

CR2E08 1 (8/05)

2. Principal Office Address	**3.** Mailing Office Address
3650 Avocado Avenue	3650 Avocado Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Miami , Fl	Miami, Fl

Zip	Country	Zip	Country
33133	USA	33133	USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59-2001704
☐ 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
Aisner Andre

Street Address (P.O. Box Number is Not Acceptable) 3650 Avocado Avenue

Suite, Apt. #, Etc.

City Miami	State FL	Zip Code 33133

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 _____

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
PS	Aisner, Andre	3650 Avocado Avenue	Miami, Fl 33133
S	Herreros, Pilar	3650 Avocado Avenue	Miami, Fl 33133
			400061744254 11/28/05--01012--021 **2883.75

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: _____ 11-22-05   305-632-6852

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