APPROVED AND

APPLICATION FOR REINSTATEMENT 94-97

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

97 JUL -3 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries

Make Check Payable To: *Department of State*

Name and Mailing Address of Corporation: DOCUMENT # 742056

MUNICIPIO DE REGLA EN EL EXILIO, INC.
8960 N.W. 8th St. Apt #407
Miami, Florida 33172

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

Date Incorporated or Qualified To Do Business in Florida	4. FEI Number	FEI Number Applied For	5. $8.75 Additional Fee required for a Certificate of Status
March 6th 1978	59-7420560	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☐

Names and Street Addresses of Each Officer and/or Director

800009223080--2
-07/08/97--00078--010
****420.00 ****420.00

Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P/D	AURELIO FERNANDEZ	8960 N.W. 8th St.	Miami, Fl. 33172
S/D	JORGE ALARCON	12217 S.W. 16 Terr.#B108	Miami, Fl. 33175
T/D	JUAN J. HERNANDEZ	14951 S.W. 42 Terrace	Miami, Fl. 33185

REINSTATEMENT 94-97

A. Alan 7/3/97

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

VICTOR HUGO RAMS, SR. ESQUIRE
7380 S.W. 117 Terrace
Pinecrest, Florida 33156

8. Name and Address of New Registered Agent and/or Office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State: FL. Zip

I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Victor Hugo Rams — Date: 6-2-97

REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [X] (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No [X] (See other side for information on intangible tax.)

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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.