

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 FEB 17 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 855502

1. Corporation Name

FELICIANO ENTERPRISES N.V.

Principal Place of Business
6020 WEST 14COURT
HIALEAH, FL 33012

Mailing Address
6020 WEST 14COURT
HIALEAH, FL 33012

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6020 West 14 Court

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

6020 West 14 Court

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

2-10-83

5. FEI Number

98-0050351

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

City & State
Hialeah, Florida

Zip 33012 Country USA

City & State
Hialeah, Florida

Zip 33012 Country USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	CORDERO, MARIA RAMIRES DE	6020 West 14 Court	Hialeah, Florida 33012
V	JESUS M. CORDERO	6020 West 14 Court	Hialeah, Florida 33012
D	ANTILLEAN MANAGEMENT COR	P. O. BOX 305 N/A	CURACOA NETHERLANDS
			100002090471--9 -02/18/97--01040--010 *****8.75 *****8.75
			100002090471--9 -02/18/97--01040--011 *****8.75 *****8.75
			982-17-97

8. Name and Address of Current Registered Agent

LILA E. CRUZ
6020 West 14Court
Hialeah, fl 33012

9. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Numbers Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

10. 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

Lila E. Cruz

REGISTERED AGENT MUST SIGN

Date FEBRUARY 13, 1997

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Maria Ramires de Cordero

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria Ramires de Cordero President (305)826-0781

Date

Daytime Phone #

CRS0040 (12/96)