

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR 12 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F 81348

1. Corporation Name

EMBASSY LAND CORP

2. Principal Office Address

5840 W FLAGLER

Suite, Apt. #, etc.

SUITE #1

City & State

MIAMI FL.

Zip

33144

Country

U.S.A.

3. Mailing Office Address

5840 W. FLAGLER ST

Suite, Apt. #, etc.

SUITE #1

City & State

MIAMI FL.

Zip

33144

Country

USA

REINSTATEMENT 94-02

4. Date Incorporated or Qualified
To Do Business in Florida

5-12-1982

5. FEI Number

65-1108496

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

VICTOR HUGO RAMO SR.

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

5840 W FLAGLER ST

Suite, Apt. #, Etc.

SUITE #1

City

MIAMI

State

FL

Zip Code

33144

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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

Victor Hugo Ramo

REGISTERED AGENT MUST SIGN

Date 11-14-01

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
P/D	JOSE M. LAGAR	6303 HUDSON AVE, W	WEST NEW YORK, NY. 07093

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:

Jose M. Lagar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-01

Date

305-261-5553

Daytime Phone #

CR2E001 (9/00)