

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

DOCUMENT # 94-97 616045

1. Corporation Name
ASTURCON INC.

REINSTATEMENT 94-97

97 MAY 30 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9120 S.W. 45 TERRACE
MIAMI, FLORIDA 33165

Mailing Address
9120 S.W. 45 TERRACE
MIAMI, FLORIDA 33165
A. Alan
5/30/97

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11-23-82	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0271578	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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)	8000002199348--2 -06/03/97--01032--014 ***1245.00 ***1245.00
P/T/D	GUILLERMO DIAZ	9120 S.W. 45 TERRACE	MIAMI, FLORIDA 33165
VP	MARIA B. DIAZ	9120 S.W. 45 TERRACE	MIAMI, FLORIDA 33165
VP/S	JOSE M. HOYO	9120 S.W. 45 TERRACE	MIAMI, FLORIDA 33165
ASS. VP/S	JOSE A. DIAZ	9120 S.W. 45 TERRACE	MIAMI, FLORIDA 33165
			8000002199348--2 -06/03/97--01032--015 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

FELIX D. CRUZ
780 N.W. LE JEUNE RD.
SUITE 427
MIAMI, FLORIDA 33126

9. Name and Address of New Registered Agent

Name
FELIX D. CRUZ
Street Address (P.O. Box Number is Not Acceptable)
780 N.W. LE JEUNE RD.
Suite, Apt. #, Etc.
SUITE 427
City
MIAMI
State
FL
Zip Code
33126

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
Felix D. Cruz
REGISTERED AGENT MUST SIGN

Date 5/7/97

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: Jose M. Hoyo V.P. Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jose M. Hoyo - V.P. Secretary

05-07-97 (305) 551-6503
Date Daytime Phone #

CR2E040 (12/96)