

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 FEB 17 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G 45752**

1. Corporation Name

TILISAS CORPORATION, INC.
c/o Viriato A. Villamil
12524 SW 124th Path

2. Principal Office Address

12524 SW 124th Path

Suite, Apt. #, etc.

-

City & State

Miami, FL

Zip

33186

Country

Miami-Dade

3. Mailing Office Address

-

Suite, Apt. #, etc.

-

City & State

-

Zip

-

Country

-

**4. Date Incorporated or Qualified
To Do Business in Florida** 06/20/1983

5. FEI Number
65-0010367

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

Viriato A. Villamil

Street Address (P.O. Box Number is Not Acceptable)
12524 SW 124th Path

Suite, Apt. #, Etc.

-

City

Miami

REINSTATEMENT 03-105
State Zip Code
FL 33186

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

[Signature]
REGISTERED AGENT MUST SIGN

Date December 28, 2004

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	Feliciano S. Postigo	c/o Manolo Ribeira	-
-	-	777 Brickell Avenue, Suite 1150	Miami, FL 33131
S	Yvette G. Murphy	3250 Mary Street, Suite 207	Coconut Grove, FL 33133
			200047422332 03/01/05--01003--012 **900.00
			200047422332 03/01/05--01003--013 **150.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 1/20/05 (305) 278-7017
Date Daytime Phone