PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 AUG -8 PM 5:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***1358.75 ***1358.75

DOCUMENT # J21768

1. Corporation Name

Subachoque Corporation

2. Principal Office Address	**3.** Mailing Office Address
428 Sailboat Circle	428 Sailboat Circle
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.: N/A
City & State: Ft. Lauderdale, Florida	City & State: Ft. Lauderdale, Florida
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: June 30, 1986

5. FEI Number: 65-0435469 ☐ 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: Raoul Garcia-Vidal, Esq.

Street Address (P.O. Box Number is Not Acceptable): 2655 Le Jeune Road

REINSTATEMENT 97-01

Suite, Apt. #, Etc.: Penthouse 2-C

City: Coral Gables State: FL Zip Code: 33134

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 _____ Date July 30, 2001

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
PD	Gloria Lucia Baena	428 Sailboat Circle	Ft. Lauderdale, FL 33326
VP	Luis Fernando Baena	428 Sailboat Circle	Ft. Lauderdale, FL 33326
S/T	Clara Alicia Baena	428 Sailboat Circle	Ft. Lauderdale, FL 33326
	1200.00 - Adm		
	61.25 - AR		
	88.75 - Amount 8.75 - Diff		

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: _____ Gloria Lucia Baena July 30, 2001 954-389-1747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #