

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 SEP 20 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J53172

1. Corporation Name

DEL POZO & ASSOCIATES, INC.

2. Principal Office Address

1627 BRICKELL AVE

Suite, Apt. #, etc.

SUITE 2701

City & State

MIAMI, FL

Zip

33129

Country

3. Mailing Office Address

1627 BRICKELL AVE

Suite, Apt. #, etc.

SUITE 2701

City & State

MIAMI, FL

Zip

33129

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/20/1987

5. FEI Number

59-2759556

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

100007982301--8
-09/24/02--01042--018
****450.00 ****450.00

7. Name and Address of Current Registered Agent

Name

DEL POZO, AGUSTIN

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

1627 BRICKELL AVE

Suite, Apt. #, Etc.

SUITE 2701

City

MIAMI

State
FL

Zip Code
33129

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

REGISTERED AGENT MUST SIGN

Date

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
D	DEL POZO, AGUSTIN	1627 BRICKELL #2701	MIAMI, FL 33129

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

9/18/02 (301) 448.1648
Date Daytime Phone #

CR2E081 (9/99)