

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

00 SEP 11 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K27811**

**1. Corporation Name**

**JUAREZ HOLDINGS, INC.**

**2. Principal Office Address** c/o B. Landy

One S.E. 3rd Avenue

Suite, Apt. #, etc.  
28th Floor

City & State  
Miami, Florida

Zip Country  
33131 U.S.

**3. Mailing Office Address** c/o B. Landy

One S.E. 3rd Avenue

Suite, Apt. #, etc.  
28th Floor

City & State  
Miami, Florida

Zip Country  
33131 U.S.

**4. Date Incorporated or Qualified To Do Business in Florida** 07/08/1988

**5. FEI Number** 98-0033050 **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  
**AMERICAN INFORMATION SERVICES, INC.**

Street Address (P.O. Box Number is Not Acceptable)  
One S.E. 3rd Avenue

Suite, Apt. #, Etc.  
28th Floor

City  
Miami

State Zip Code  
FL 33131

**REINSTATEMENT 98-00**

**TS**

**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 **AMERICAN INFORMATION SERVICES, INC.** By *Angelica M. Calabrese* **Angelica M. Calabrese** Assistant Secretary Date **September 8, 2000**  
REGISTERED AGENT MUST SIGN

**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
DP	D'Agosto, Maria Criado de	3 Grove Isle Drive, Apt 1809	Miami, Florida 33133
DVS	D'Agosto, Maria	3 Grove Isle Drive, Apt 1809	Miami, Florida 33133
DT	D'Agosto, Angel	3 Grove Isle Drive, Apt 1809	Miami, Florida 33133

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\*\*\*1058.75 \*\*\*1058.75

**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:** *Maria Criado de D'Agosto* **Maria Criado de D'Agosto**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/08/00  
Date

305 860-0249  
Daytime Phone #

CR2E081 (9/99)