

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K64533

1. Corporation Name

FLORIDA FINE MIAMI CORP

2. Principal Office Address

2915 NW 34 ST

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip  
33142

Country  
USA

3. Mailing Office Address

2915 NW 34 ST

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip  
33142

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02-09-1989

5. FEI Number

65-0098031

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

Carlos M. Vazquez

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

12041 SW 40 Street

Suite, Apt. #, Etc.

City

Miami,

State

FL

Zip Code

33175

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

*Carlos M. Vazquez*  
REGISTERED AGENT MUST SIGN

Date 02-27-2006

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	Carlos M. Vazquez	12041 SW 40 St	Miami, Florida 33175
SD	Alida Vazquez	12041 SW 40 St	Miami, Florida 33175

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 contained in Chapter 119, 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

*Carlos M. Vazquez* CARLOS M. VAZQUEZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-09-2006

Date

305-635-1752

Daytime Phone #

FILED

06 MAR -6 PM 2:27

SECRET  
TALLAHASSEE, FLORIDA

400067947844

03/16/06--01008--014 \*\*1050.00

REINSTATEMENT

04-06