

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 DEC 20 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L19996

1. Corporation Name

SIMPS GROUP CORP.

Principal Place of Business

Mailing Address

782 NW LEJEUNE RD
STE 448
MIAMI FL 33126782 NW LEJEUNE RD
STE 448
MIAMI FL 33126

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

782NW LE JEUNE RD S

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 436

City & State

MIAMI FLORIDA

City & State

Zip

33126

Country

U.S.A.

Zip

Country

REINSTATEMENT

99

4. Date Incorporated or Qualified
To Do Business in Florida

10/03/1989

5. FEI Number

65-0148233

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	CASTRO BACA, ROBERTO	10269 SW 139TH CT	MIAMI FL
VAS	LOCK, WILLIAM	6301 NW 201ST ST.	HIALEAH FL
D	GUTIERREZ, MOISES	782 NW LEJEUNE RD #448	MIAMI FL

100003082381--8
-12/29/93--01005--004
****750.00 ****750.00

8. Name and Address of Current Registered Agent

MARQUEZ, JOSE M.
780 NW LEJEUNE RD
SUITE 400
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name

CASTRO, ROBERTO

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

10269 SW139 TH CT

Suite, Apt. #, Etc.

MIAMI

FL 33186

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/15/93

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/93

Date

KE

(305) 444-5523

Daytime Phone #