

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAY 14 AM 8:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L30982

1. Corporation Name

8 and 62 CORPORATION

2. Principal Office Address

626 CORAL WAY

3. Mailing Office Address

626 CORAL WAY

Suite, Apt. #, etc.

UNIT 1504B

Suite, Apt. #, etc.

UNIT 1504B

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

MIAMI-DADE

Zip

33134

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/21/1989

5. FEI Number

65-0158217

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

ROLANDO SANCHEZ-MEDINA

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

626 CORAL WAY

Suite, Apt. #, Etc.

UNIT 1504B

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

*Rolando Sanchez-Medina*

REGISTERED AGENT MUST SIGN

Date

5/04/03

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
P/D	ROLANDO SANCHEZ-MEDINA	626 CORAL WAY, UNIT 1504B	CORAL GABLES, FL 33134
S/D	GISELA SANCHEZ-MEDINA	626 CORAL WAY, UNIT 1504B	CORAL GABLES, FL 33134

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:

*Rolando Sanchez-Medina*

Rolando Sanchez-Medina, Pres

Date

5/04/03

Daytime Phone #

305-445-4569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

21 5/21