

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV 17 A 10:53

RECEIVED BY SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900162894739

11/17/09--01037--010 **2250.00

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CR2E081 (12/08)

DOCUMENT # L58764

1. Corporation Name

NELRA 1802, INC.

2. Principal Office Address - No P.O. Box #

100 BAYVIEW DR.

3. Mailing Office Address

100 BAYVIEW DR.

Suite, Apt. #, etc.

APT. 1802

Suite, Apt. #, etc.

APT. 1802

City & State

SUNNY ISLES, FLORIDA

City & State

SUNNY ISLES, FLORIDA

Zip

33160

Country

USA

Zip

33160

Country

USA

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

03/15/1990

5. FEI Number
650180957

☐ 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

GBS CONSULTANTS, INC.

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

18501 PINES BLVD.

Suite, Apt. #, Etc.

SUITE 201

City

PEMBROKE PINES

State

FL

Zip Code

33029

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/30/2009

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	MARIA ANDREINA LOPEZ	100 BAYVIEW DR., APT 1802	SUNNY ISLES, FL 33160
VP/D	GUSTAVO JOSE LOPEZ	100 BAYVIEW DR., APT 1802	SUNNY ISLES, FL 33160
S/D	MARIA CONSUELO LOPEZ	100 BAYVIEW DR., APT 1802	SUNNY ISLES, FL 33160
T/D	MARIA GABRIELA LOPEZ	100 BAYVIEW DR., APT 1802	SUNNY ISLES, FL 33160

REINSTATEMENT

1995-2009

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:

[Signature]

MARIA ANDREINA LOPEZ

10/30/2009

954-6598835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #