

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -5 PM 12:02

DOCUMENT # *M 02491*

1. Corporation Name

807 Connection, Inc.

2. Principal Office Address

18520 NW 67th Ave

Suite, Apt. #, etc.

STE. 275

City & State

Miami, FL

Zip

33015

Country

USA

3. Mailing Office Address

18520 NW 67th Ave

Suite, Apt. #, etc.

STE. 275

City & State

Miami, FL

Zip

33015

Country

USA

REINSTATEMENT 89-00

4. Date Incorporated or Qualified

To Do Business in Florida

7/6/84

5. FEI Number

☒ 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

RAFAEL ACOSTA

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

18520 NW 67th Ave. #275

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33015

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

Rafael Acosta

REGISTERED AGENT MUST SIGN

Date *6/2/00*

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
<i>P/T/D</i>	<i>RAFAEL ACOSTA</i>	<i>18520 NW 67th Ave. STE. 275</i>	<i>Miami, FL 33015</i>

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:

Rafael Acosta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/00

Date

(305) 389-1519

Daytime Phone #

CR2E081 (9/99)