

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 MAR 17 AM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000006415

1. Corporation Name

N.A.F.A., CONSULTANTS & EMPLOYMENTS AGENCY, CORP.

2. Principal Office Address

2470 N.W. 102 PLACE

Suite, Apt. #, etc.  
SUITE# 201

City & State

MIAMI-DORAL, FL.

Zip

33172

Country

USA

3. Mailing Office Address

11890 S.W. 8th. STREET

Suite, Apt. #, etc.

SUITE# Ph-3

City & State

MIAMI, FL.

Zip

33184

Country

USA

**REINSTATEMENT**

02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-1047467

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

HUMPHREY H. PACHECKER

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

10008 WEST FLAGLER STREET

Suite, Apt. #, Etc.

#B-126

City

MIAMI

300009439413  
12/10/02-01074-015 \*\*240.00  
300009439413  
03/17/03-01095-001 \*\*57.50  
State Zip Code  
FL 33174

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]*

Date 12/11/02

REGISTERED AGENT MUST SIGN

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	TERESITA DJ BARRERA (D)	2470 N.W. 102 PLACE##201	MIAMI, FL., 33172
VP	ENGELBERT H. PACHECO (D)	2470 N.W. 102 PLACE #201	MIAMI, FL., 33172
+	Miguel A. Barrera (D)	2470 NW 102 PL #201	MIAMI FL 33172

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:

*[Signature]* Teresita Barrera, 12/11/02 305 470 9599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)