PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

W05U003942

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 10 AM 9:17

DOCUMENT # N00000006652

1. Corporation Name

Victor Manuel Center INC

REINSTATEMENT 01-05

2. Principal Office Address	3. Mailing Office Address
10716 SW 24 St	10716 SW 24 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami, FL.
Zip: 33165 Country:	Zip: 33165 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 10/5/2000

5. FEI Number: 65-1045560 ☐ 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: Gisela Hidalgo

Street Address (P.O. Box Number is Not Acceptable): 1100 SW 126 Place

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33184

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: _____ Date: 06-23-05

REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
ED	Gisela Hidalgo	1100 SW126 Place	Miami FL 33184
PD	Jorge Mesa	9970 SW 132 St.	Miami FL 33176
T	Maria Mesa	9970 SW 132 St.	Miami FL 33176
S	Sasha Dolgiser	1100 SW 126 Pl.	Miami FL 33184
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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: _____ Jorge Mesa 6/23/05 (305) 219-8466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #