

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 25 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N 01000003921*

1. Corporation Name
*PRO MONUMENT TONY IZQUIERDO, INC. A
CORPORATION NOT FOR PROFIT*

2. Principal Office Address
1100 E. 10TH AVE
Suite, Apt. #, etc.

3. Mailing Office Address
1100 EAST 10TH AVE
Suite, Apt. #, etc.

City & State
Hialeah FL

City & State
Hialeah FL

Zip Country
33010 U.S.

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33010 U.S.

4. Date Incorporated or Qualified To Do Business in Florida

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
GILBERTO CASANOVA

Street Address (P.O. Box Number is Not Acceptable)
1100 E. 10TH AVE

Suite, Apt. #, Etc.

City
Hialeah FL

State Zip Code
FL 33010

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 *Gilberto Casanova* Date *10/22/04*
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
<i>PTD</i>	<i>GILBERTO CASANOVA</i>	<i>1100 E 10TH AVE</i>	<i>Hialeah FL 33010</i>
<i>SD</i>	<i>Miguel San Pedro</i>	<i>1801 SW 3 AVE #600</i>	<i>Miami FL 33129</i>

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11/12/04--01058--022 **236.25

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]* Date *10/22/04* Daytime Phone # *3053738211*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

Charter Number Only

VALIDATION ONLY

10/22/04

Miguel San Pedro

Requestor's Name

8211A

Address

City State ZIP Phone

CORPORATION(S) NAME

Pro Monument Tony Izquierdo Inc.
#NOI 000003921

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Empire-Toll Free: 1-800-432-3028