

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 12 PM 4:26

DOCUMENT # N01000006532

1. Corporation Name

EXODO 80, INC.

2. Principal Office Address

7274 NW 25 ST

Suite, Apt. #, etc.

City & State  
MIAMI, FL

Zip  
33122

Country  
USA

3. Mailing Office Address

2005 SW 3 ST

Suite, Apt. #, etc.

City & State  
MIAMI, FL

Zip  
33135

Country  
USA

100078945761  
03/19/06--01032--005 \*\*481.25

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida 09/13/01

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  
MIGUEL FIGUEROA

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

2005 SW 3 ST.

Suite, Apt. #, Etc.

City  
MIAMI

State  
FL

Zip Code  
33135

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

*Miguel Figueroa*

REGISTERED AGENT MUST SIGN

Date 6/12/2006

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
PD	MIGUEL FIGUEROA	2005 SW 3 ST	MIAMI FL 33135
VPD	ENGRACIA FIGUEROA	2005 SW 3 ST	MIAMI FL 33135
TD	JOAQUIN J FIGUEROA	5810 SW 133 PL UNIDAD #6	MIAMI FL 33183
SD	ARAMIS FIGUEROA	2107 NE 40 AVE	HOMESTEAD FL 33183

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/2006

Date

Daytime Phone