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
05 FEB 14 AM 11:59

DOCUMENT # N02000002985

1. Corporation Name HACIA UN TRIUNFO SIN FRONTERAS, CORP.

REINSTATEMENT 03-05

2. Principal Office Address	**3.** Mailing Office Address
1500 NW 12 AVE. UNIT #1504	
Suite, Apt. #, etc. #1504	Suite, Apt. #, etc.
City & State MIAMI FLORIDA, 33136	City & State
Zip 33136 / Country FLORIDA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 04-23-2002

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: VICTOR SERA-ZALDIVAR
Street Address (P.O. Box Number is Not Acceptable): 1500 NW 12 AVE. UNIT #1504
Suite, Apt. #, Etc.: UNIT #1504
City: MIAMI | State: FL | Zip Code: 33136

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 02-11-2005
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
PD	VICTOR SERA ZALDIVAR	1500 NW 12 AVE. UNIT #1504	MIAMI FLORIDA 33136
DV	VICTOR FARINAS	15337 SW 62 ND. TERACCE	MIAMI FLORIDA 33193
DS	VICTORIA ELENA SERA SARMIENTO	7740 W. 28 AVE. UNIT #110	HIALEAH GARDEN 33018
		600047122996 02/23/05--01018--021 **175.00	
		600047122996 02/23/05--01018--022 **183.75	
		600047122996 02/23/05--01018--023 **8.75	

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: _____ 02-11-2005 305-305-9972 305-547-2171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #