

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 JUL -3 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N03000002673

1. Corporation Name

SUCEDE, INC.

2. Principal Office Address - No P.O. Box #

1548 BRICKELL AVE

Suite, Apt. #, etc.

2ND FLOOR

City & State

MIAMI FL

Zip

33129

Country

USA

3. Mailing Office Address

1541 BRICKELL AVE

Suite, Apt. #, etc.

APT # 1003

City & State

MIAMI FL

Zip

33129

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/28/2003

5. FEI Number

51-0460145

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 04-08<sup>KS</sup>

7. Name and Address of Current Registered Agent

Name

JOSE I. PADIAL, PA

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

2600 S. DOUGLAS ROAD

Suite, Apt. #, Etc.

PH 6

City

CORAL GABLES

State

FL

Zip Code

33134

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 07-01-08

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
PS	CAROLINA LLOSA	1541 BRICKELL AVE APT # 1003	MIAMI FL 33129
TD	JULIO NORIEGA	1541 BRICKELL AVE APT # 1003	MIAMI FL 33129
D	CARLA RABINOWITZ	511 MALAGA AVENUE	CORAL GABLES FL 33134
D	ALFREDO LLOSA	LAS MAGNOLIAS 295	BARANACO LIMA 4, PERU
D	LUIS F. SALAZAR	1548 BRICKELL AVE 2ND FLOOR	MIAMI FL 33129

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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 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

07-01-08

Date

Daytime Phone #