

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV 21 PM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000004770

1. Corporation Name

SIX FAMILY MATTERS II, INC.

2. Principal Office Address

5556 W 22 COURT

Suite, Apt. #, etc.

APT C2

City & State

HIALEAH, FLORIDA

Zip

33016

Country

USA

3. Mailing Office Address

5556 W 22 COURT

Suite, Apt. #, etc.

APT C2

City & State

HIALEAH, FLORIDA

Zip

33016

Country

USA

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0869451

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

WILSON A DIAZ

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

5556 W 22 COURT

Suite, Apt. #, Etc.

APT C2

City

HIALEAH, FLORIDA

State
FL

Zip Code
33016

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

REGISTERED AGENT MUST SIGN

Date 12/15/2006

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 |
|--------|--------------------------------------|---|--------------------|
| PTE | WILSON A DIAZ | 5556 W 22 COURT APT C2 | HIALEAH, FL 33016 |
| TRE | ELSA A REYES | 5556 W 22 COURT APT C2 | HIALEAH, FL 33016 |
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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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/2006 305 298 5989

Date

Daytime Phone #

B. Mitchell NOV 22 2005