'PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

		LL/	OL IVE, NO	12.2.111011	110011	<u> </u>			/; • (1) C_B 1 V	== E	•••		
.*	PORATI			S	DEPART Secretary	of S		Ε,	10	FILED MAR - 4 AM 8: RETARY OF STU AUGSSEE, FLO	22 15		
DOCUMENT # - NO 70000 0 90 40									\$11	AULISSEE, FLO	和以所		
ASSOCIATION OF NICARAGUAN ENGINEERS AND ARCHITECTS													
W1-9222									500170230655 02/23/1001020012 **306,25				
2. Principa 8047 S	ffice Address												
			same					CR2E081 (11/09)					
Suite, Apt. #			Suite, Apt. #, etc.				<u> </u>	1 Date Incorp	rated or Qualified				
Unit 50								_ '	4. Date Incorporated or Qualified Το Co Business in Florida				
City & State				City & State			<u> </u>	5. FEI Number Apriled Fo			Apriled For		
Miami, Florida								-L	X : sot Applica			X Livot Applicable	
^{Zip} 33193	Country		Zip		Country		- [6. CERTIFICATE OF STATUS DESIRED 1 38.75 reditional Fee required					
			ne and Address of	f Current Regist	tereji Agen	<u></u>							
Name									☐ The rei	nstatement fee is	impose	d. except in	
Martha L. Borgen									circumstances which the entity did not receive				
Street Address (P.O. Box Number 1.2 Not Acceptable) 8047 SW 150 Ave								,	the prior notices. By checking this box, you				
Suite, Apt. #, Etc.									are certifying the prior notices were not received and requesting the reinstatement				
unit 506									fee be waived.				
City Miami						State Zip Code FL 33193			500170230655 03/05/1001043022 **61.25				
8. I, beigg	appointed the	regiat i re	ed agent of the abo	ve lamed corpo	ration, am f	amiliar v	with and accept to	the obig	ations of section	n 607.0505 or 617.0503,	F.S.		
Sionature o Registered		M	Boog 19	GISTERED AG	JART ENT MUST	HA SIGN	1. BOR	GE	W	Date	18.	2010	
9. Names	and Street A	odresses	of Each Officer and	d/or Director (Flo	erida nonpro	fit corpo	orations must list	at leas	1 3 directors)	• •			
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director					City /	State / Zip	,	
Р	Martha L. Borgen				8047 SW 150 Ave. unit 506				nit 506	Miami, Fl 33193			
TRE	Richard Morales				11533 SW 6th Terrace				rrace	Miami, Fi 174			
								.	"" "				
	RE	IN:	STAT	EMF	NT	1	RH		`¢	15.6			
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10. E-mail Address: marthaborgen@hotmail.com												Contracting to	
11 certifu	that lamen	officer or n	firector or the recei	ver or trustee em			for future annual n e this application			oter 607 or 617, F.S. I furt	her certify	that when filing	
11.													

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. I further certiff, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martha L. Borgen

02.18.2010 3054619480

Daytime Phone #

Date

made under oath.

SIGNATURÉ;