

**CORPORATION
REINSTATEMENT**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP 30 PM 3:13

1. Corporation Name

200185460592
09/15/10--01024--001 **297.50

3: Mailing Office Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State PORT ST. LUCIE, FL

Zip	Country
34984	ST. LUCIE

5. FEI Number
27-0790250

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

Name _____

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

Suite, Apt. #, Etc. *

State	Zip Code
FL	34983

Signature of
Registered Agent

Date 9-10-10

REGISTERED AGENT MUST SIGN

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
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PVS	ELIASIB CORTES	498 NW ARCHER AVE	PORT ST. LUCIE FLORIDA 34983
T	ORLANDO ARES	1966 OCALA ROAD	NORTH PALM BEACH FLORIDA 33408

B 10/1/10
09-10

REINSTATEMENT

(To be used for future annual report notification)

11. 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. I further certify, 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

Date _____

Daytime Phone #