

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

NO 9626

FILED
12 NOV 20 PM 3:34
RECEIVED
11/16/2012

DOCUMENT #

N09626

1. Corporation Name

Municipic Santa Cruz del Norte en El Exilio, Inc.

400242002934

11/20/12--01029--002 **1400.00

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

1508 SW 143rd PI

3. Mailing Office Address

1508 SW 143rd PI

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E081 (11/10)

City & State

Miami, FL

City & State

Miami, FL

Zip

33184

Country

USA

Zip

33184FI

Country

USA

4. Date Incorporated or Qualified

06/06/1989

5. FEI Number

59-2540318

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

NO

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Julio C Gonzalez

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

508 SW 143rd PI

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33184

*Reinstate
1993-2012
11-29-12
DC*

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-10-12

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
Pres	Julio C GOnzalez	1508 SW 143rd PI	Miami, FL. 33184
VP	Jorge Chaoui	3635 NW 12 St	Miami, FL. 33125
Tre	Rene Palomino	5931 NW 5 St	Miami, FL. 33126

10. E-mail Address:

jcg_mortgage@yahoo.com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/12

Daytime Phone #