

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 JAN 15 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11000005097

1. Corporation Name

Centro El Refugio Co

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

12432 Blacksmith Dr

Suite, Apt. #, etc.

307

City & State

Orlando FL

Zip

32837

Country

3. Mailing Office Address

PO BOX 568431

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32856

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida

05-24-2011

5. FEI Number

30-0697840

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

Edmee Molina

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

12432 Blacksmith Dr

Suite, Apt. #, Etc.

307

City

Orlando

State

FL

Zip Code

32837

200243675322

01/15/13--01015--006 **0.50

200243675322

01/15/13--01015--005 **297.00

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 01-09-2013

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
P	Edmee Molina	12432 Blacksmith Dr Apt 307	Orlando, FL 32837

REINSTATEMENT

JAN 15 2013

R. HUNT

10. E-mail Address: cielo88@Bellsouth.net

(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09-2013

407-859-0051

Date

Daytime Phone #