CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 13 AM 11: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48037

1. Corporation Name
MONTE ALVERNA, INC.

REINSTATEMENT 01-04

2. Principal Office Address
10987 SW 25 ST.

3. Mailing Office Address
10987 SW 25 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida 3/25/92

City & State
Miami, Fla

City & State
Miami, Fla

5. FEI Number
65-0323642

☐ Applied For
☐ Not Applicable

Zip
33165
Country
Dade

Zip
33165
Country
Dade

6. CERTIFICATE OF STATUS DESIRED ☑ | $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Gerardo Garcia

Street Address (P.O. Box Number is Not Acceptable)
10987 SW 25th Street

4000274S2364
01/23/04--01013--001 **481 25

Suite, Apt. #, Etc.

4000274S2364
01/23/04--01013--002 **8.7

City
Miami

State FL
Zip Code 33165

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 1/1/04

CR2E081 (10/02)

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
SD	MIRIAM VERA	5905 SW 26th ST	Miami, Fla. 33155
VD	SANDRA SIRGO	20701 SW 216 ST	Miami, Fla. 33170
TD	LOURDES POLA	16225 NW 83rd Court	Miami, Lakes Fla. 33016

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: _____ Gerardo Garcia   1/1/04   305-554-9054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #