

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV -4 AM 10: 46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002181

1. Corporation Name

CIRCULO DE LUZ GRUPO SANTIAGO ARANEGUI, INC.

Principal Place of Business

7740 S.S. 29TH ST.
MIAMI FL 33155

Mailing Address

7740 S.S. 29TH ST.
MIAMI FL 33155



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/02/1994	
City & State		City & State		5. FEI Number	
Zip		Country		65-0490325	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	JIMENEZ, MAGALY	13227 S.W. 43RD LANE	MIAMI FL 33175
VO	ARANEGUI, MARISELA	7740 S.W. 29TH ST.	MIAMI FL 33155
TD	JIMENEZ, RAFAEL E	13227 S.W. 43RD LANE	MIAMI FL 33175
SD	VILLAMIZAR, DIEGO	1915 S.W. 107TH AVE. #400	MIAMI FL 33165

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\$\$\$236.25

8. Name and Address of Current Registered Agent

JIMENEZ, MAGALY
13227 S.W. 43RD LANE
MIAMI FL 33175

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/18/96

11. Does this Corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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)(b), 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:

[Signature]
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/96 - 477-6532
Date Daytime Phone #